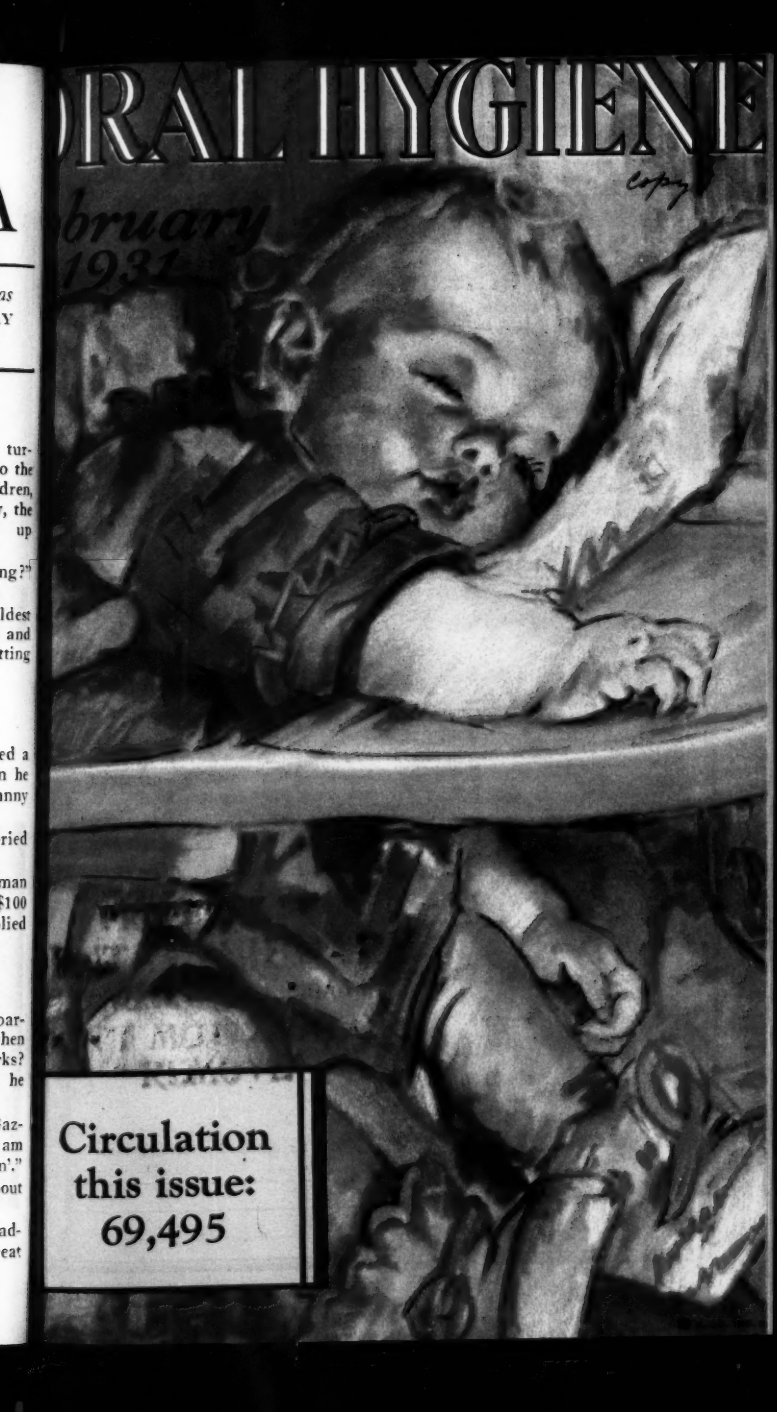
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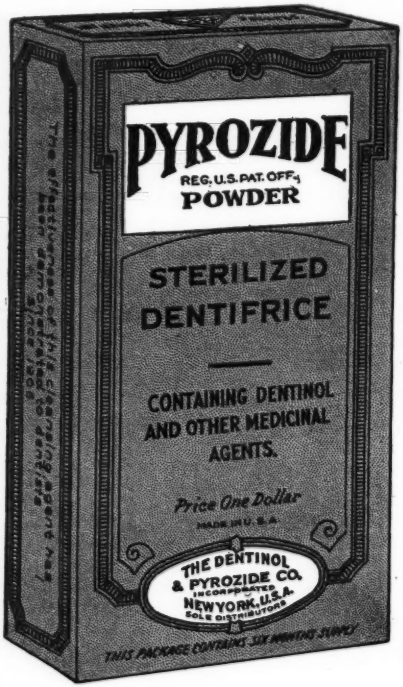

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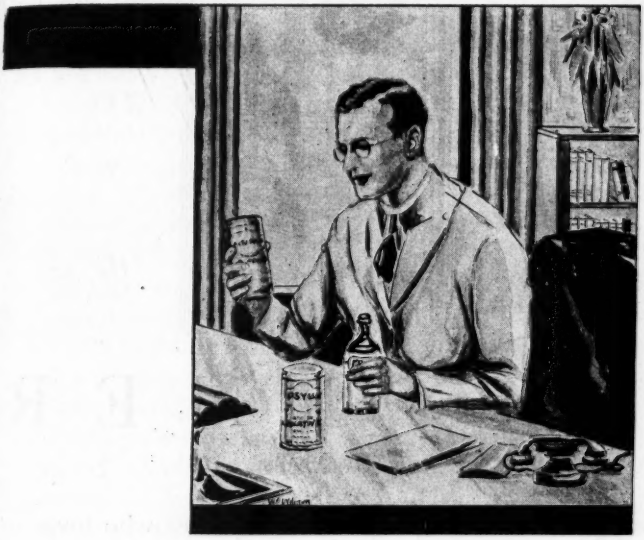

Preventing the Spread of Infection

If dental infection progressed no further than the oral cavity, the dentist's work would be made easier, but, unfortunately, abscessed teeth, pyorrhea, etc., often lead to systemic involvement.

Conversely, many diseases of the mouth and teeth may be merely one manifestation of a general toxemia.

For both reasons, many dentists find it helpful to pay close attention to bowel hygiene, as an integral part of their treatment, so as to safeguard against the effects of autointoxication.

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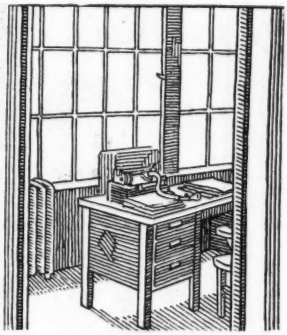

THE *Publisher's*

No. 115

CORNER

BY MASS

A CERTAIN small-time publisher who loves to sympathize with himself in print has a very elegant opportunity this rainy morning. It's the ORAL HYGIENE wives. They are up in arms because ORAL HYGIENE breakfasts are now scheduled for seven o'clock sharp.

The story may interest no one of the 70,000 upon whom the CORNER is forced each month, but it may help me to bear the load if I tell about it.

Several months ago the CORNER told about The Big Businessmen's Big Business Club—our daily meeting of staff members where ideas and plans are thrown to the lions.

The Club had been meeting at eleven-thirty each morning. That time had been picked so that hunger would automatically terminate the meetings after a reasonable amount of yibbling about this and that. At least, this was the theory used in setting the hour.

But the meetings kept getting longer and longer.

One day, recently, Ted Christian noticed that Jim

Kaufman was looking pretty pale, along about twelve-forty.

So old Dr. Christian, in his best professional manner, pushed out a health talk.

"You're pale, Jim. You ought to get to bed earlier," he said. "Just because you're single and frisky, you can't toot around town *all* night and not show it, and besides——"

"*Besides* me eye," quavered Jim weakly, with a brave effort at vehemence he couldn't quite manage. "Besides and so *what!* I'm . . . . . ."

His adam's-apple slid up and down a few times, but only static came out. Finally he made it.

"I'm—pale—because——I'm——because I'm——hungry!" And his voice trailed off in a whispering mumble... "—hungry, what I am..."

Robert hurried out for a glass of water; Jack loosened Jim's collar; Lynn opened the window. In a little while we got the rest of the story.

(1) Jim gets up at six in the morning. (2) He eats breakfast at six-thirty. (3) Twelve o'clock right on the nail is lunch time, and what Jim meant was capital ell *Lunch.*

So nowadays the Club meets at the sour hour of eight-thirty; and to this crew of word-artists, eight-thirty has all the earmarks of the middle of the night because we must get to town before the sun does.

Now *everybody* is pale; and I am kept busy stuttering explanations to wives.

* * *

As a matter of fact, squawks seem likely to use up all four pages this month. Among those complaining is Dr. McGee, editor of O. H., who sends a high tenor yell across the land from Hollywood about a comment in the Anniversary CORNER:

"How come I don't take any exercise ? ? ? ? [He

Cosmos, allowing HELL to be blurted out in its pages? Should we cause offense to anyone? It is so unnecessary. Nothing is lost and a great deal is gained by such elimination. Twice in this last number this coarse expression was brought before me—and I just placed the magazine in the waste paper basket. I am certain you discern there are many who raise this same objection * * *"

In this day of plain speech and plain print, ORAL HYGIENE is really a rather strait-laced publication. I may be wrong, but personally I have never regarded [redacted] as real profanity. Its theological significance has waned considerably. Gosh, I don't know. Maybe Dr. Moon is right; maybe he isn't; maybe other CORNER-customers can cipher out the answer.

Another complaint is easier to bear. It was written by Dr. R. E. Burbank, of Coffeyville, Kansas. He says:

"In your four-page history of O. H., you say, 'O. H. enters its voting year mindful of the fact that, after all, in a world of *S. E. P.'s* and *Cosmopolitans* it does not amount to much.'

"*That* is a matter of opinion, and I am sorry indeed to find you referring deprecatingly to *our* ORAL HYGIENE. Does it surprise you to be informed that a graduate of 1902 does not read the *S. E. P.* or *Cosmopolitan?* Nor does either find its way to my reception room table. Better that you be classed with *The American Mercury* and such. In other words, I want you to leave the sarcasm to the profession. They will hand it to you whether you deserve it or not.

"I am not much given to venting my feelings by written expressions, so I wish you to accept this reprimanding-compliment just as you should. There's no one part of O. H. better than another. It is all good, and I read it. What in [redacted] more can one say?"

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

February, 1931

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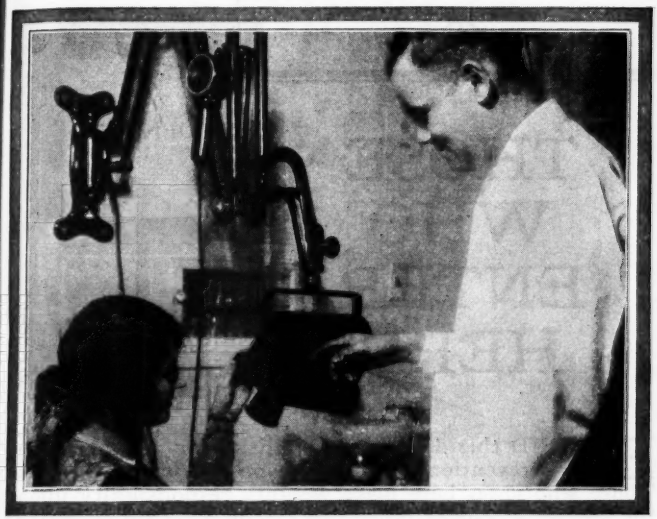

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A Journal for Dentists

Twenty-First Year | FEBRUARY, 1931 | Vol. 21, No. 2

"Say to the good doctor that I understand his request for the money, but some of my dividend checks are unaccountably delayed—"

CHARLIE ALLEN—
Genius

AN historical sketch of a genius, who was anything but ostentatious, who cared nothing for fanfare or the limelight, is harder to write than one of a person who is otherwise inclined. To Charlie Allen this inadequate portrayal is dedicated.

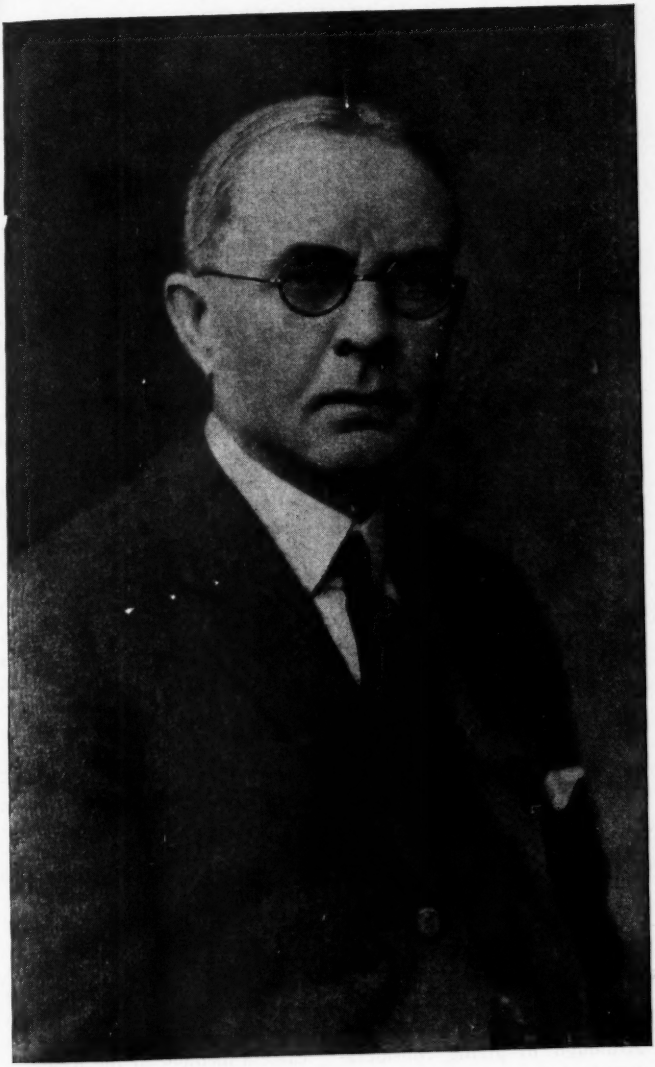
Life for this illustrious citizen-dentist began in Butler County, Iowa, in eighteen hundred sixty-two. He was the son of Doctor Edwin Bird Allen and Mary Jane Garrison Allen. Some years later, the family moved to Kansas, and Charlie began to distinguish himself, being a member of the first class graduated from the Wichita High School. After graduation, among other things, he served an apprenticeship at the machinists' trade.

Being dissatisfied with this beginning (and following out his natural inclination and bent, that of something dealing with mechanics) he enrolled in the Dental Department of the University of Maryland. Circumstances or destiny intervened, and he again came West and entered the Kansas City Dental College, achieving at graduation the distinction of being awarded a theory medal for operative work.

After graduation, he opened his first office in Topeka, Kansas, and he also practiced a short time in Leavenworth, Kansas. Charlie then moved to Kansas City and became associated with the Kansas City Dental College in a teaching capacity. Being progressive and ambitious and aspiring to something higher, he soon found himself in the very important position of Secretary of this inland college, with the added responsibility of a professorship in dental anatomy, comparative dental anatomy, and operative dentistry.

A little later, some of the leaders in the Dental Educational Council decided that because of its size, Kansas City could not support two good dental schools; so the consolidation of the Kansas City and Western Dental Colleges, under the name of the Kansas City-Western Dental College was consummated, which proved to be a very wise move. Charlie became Dean and Trustee of this new institution, a position he held for some time. He retired as Dean Emeritus only when failing health compelled him to discontinue active participation in the administration of the college.

One of Charlie's hobbies was writing, and few men commanded a better conception of



Charles Channing Allen

1862-1930

clear, concise English than he. Among his better known writings may be named "To Youth," "Meditation," "Professional Opportunity," "The Art of Invention," "Professional Reward," and "Evidence of Design," the last of which I am quoting in part, to show the caliber of his mind and the beauty of his thought:

"When a work is executed with the concepts of beauty, utility, and economy in their proper proportion, that work bears with it as its own individual characteristic the evidence of design. This is its passport; its credential; its hall mark; its justification. In such character, it shows whether it is the legitimate child of orderly intelligence, or the bastard of bungling incompetency.

"If it was fathered by an understanding of the requirements and a skill sufficient for the execution, then it must appeal to the mind as answering the requirements of esthetics—the beautiful. Without digressing into the maze of esthetic philosophy, we may avail ourselves of certain explanatory formulæ bearing upon the relationship of beauty and design and beauty as a proof of design. In the realm of esthetics, as in all important phases of metaphysics, we are compelled to refer to Plato and Aristotle. Although in giving consideration to design over mere beauty, we cannot accept their dictum, that beauty is without definite utility.

"Beauty carries with it more evidence of design than mere utility, for the esthetic or beautiful, appeals to one immediately, and does not require systematic proof along the recognized lines of logic, but establishes itself in the mind of the beholder at once, without proof. Utility alone, as an ultimate end, executed without embellishment, may be, and usually is, vague in expressing its real reason for existence and must be studied and its purpose analyzed, often laboriously and at tiresome length."

From 1904 to 1910 Charlie edited *The Articulator*, and from 1913 to 1918 he was editor of *The Western Dental Journal*.

State and national dental societies honored him by electing him to various high offices in their organizations. In 1910, after he had moved to Missouri, he was elected President of the Kansas State Dental Association; in 1912, he became President of the Missouri State Dental Association; for a number of years he served as Executive Committeeman in the Missouri State Association; he was chairman of one of the sections of the National Association at Birmingham in 1910.

He was chosen First Vice-President of the National Dental Association in 1914, and became a member of the Research Institute of the National Association in 1913. He held the offices of Secretary and Treasurer, Vice-President (1921), and

President (1922) in the National Association of Dental Faculties, and the presidency of the Odontographic Society. He was a member of the Board of Trustees of the American Dental Association, and in 1916 served as chairman of the first Tri-State meeting, Kansas, Missouri, and Oklahoma. During the War, he was on the medical advisory board, and also built and operated the S.A.T.C. barracks at Kansas City.

He was a fellow of the American College of Dentists and belonged to the Masonic Fraternity.

The real turning point in Charlie's life came when he married Linnie Leona Ummenthun of Leavenworth, a cultured, gracious woman with a charming personality and a leader in affairs, who assisted, advised, counselled him, and to the end was a real help-mate.

To them was born one son, David, the pride of Charlie's life, whom Charlie hoped would carry out some of the things he would have liked to accomplish; but Fate decided otherwise. This fine, young man was stricken with pneumonia and did not recover. The loss of his son was a blow from which Charlie never fully recovered.

As an educator Charlie was much interested in the undergraduates and in building up his school to give these young men a good training in the fundamentals so they might succeed according to their ability and perseverance. Next to his family, who always came first, Charlie enjoyed his machine shop where, until recent years, he spent a great deal of time.

From the inside, Charlie always was and wanted to be social, but he was sometimes inclined to be blunt, and did not always portray his inner self. It is possible that some, not knowing him, may have thought him not cordial but he really meant to be friendly—always.

He was a strong character, outspoken and yet kindly, a stickler for right, a student, a philosopher, an educator, an inventor, a dreamer and an idealist.

Humanity lost a true man and dentistry a real friend!

—Don Mosher.

Editorial Note:

ORAL HYGIENE has followed closely, during the last ten years, the development of dental thought in foreign countries.

It is interesting to observe not only the growing conviction abroad that all matters dental are intimately connected with the physiology and pathology of the human body, but it is even more interesting to find how the leadership of American dentistry is showing its influence on the orientation of the leaders of dentistry in foreign countries.

Most ORAL HYGIENE readers are conversant with the opinions held by our own research workers.

Men of the calibre of Howe, Price, Hesse, and others have given to dentistry an invaluable prestige inasmuch as their studies of the etiology of dental disease have definitely centered the attention on nutrition in the maintenance of the physiological equilibrium of human economy.

We are confident that Mayo's expectations of the leadership of dentistry in prophylactic medicine will find their realization in the definite establishment of nutrition not only in dental pathology, but also in the etiology of all disease.

The English language literature is available to everybody in this country. The same thing cannot be said for foreign literature.

It is for this reason that ORAL HYGIENE will publish, from time to time, translations of certain worthy contributions from foreign authors.

The following essay is from the pen of the professor of therapy and hygiene of the dental school of the University of Buenos Aires, and is translated from the Spanish of *Revista Odontológica.*

It shows not only the excellent knowledge which the author commands, but also the high standard that rules dental education in the Argentine. For the American dentist, it should be proof positive of the influence which he has had on the thought of his Latin-American colleagues.

A Chapter *of the* ETIOLOGY OF DENTAL DECAY

By DAVID M. COHEN, D.D.S.

In speaking of their work some authors say: my book, my history, etc. They had better say: our book, our commentary, our history, etc.; for in all of them as a rule, there is more foreign than own material.

—PASCAL, *Pensées*

CHAPTER I

INTRODUCTION

IN this modest essay we intend to put in evidence the fundamental — and in our opinion almost positive—importance of the nutrition of the individual in the genesis and development of dental decay.

A specious aspiration and an exaggerated claim, one will say. And with good reason.

To scrutinize in this paper the various speculations which have been advanced, during the last and in the present century, with regard to the etiology of so universal an ailment, is a weary task which exceeds the limits of our ability and resources. For this reason we shall see ourselves obliged to have recourse, more than once, to the talent and to the observations and conclusions of others. Thus we shall endeavor to throw light on a highly important question which, in our opinion, has been left on one side when perhaps it contains the magic word which will solve the veiled enigma. Besides, we have been inspired by the example given every day by medicine in conceding to the alimentary problem an outstanding position in the etiology of not a few diseases of undoubted social significance. Let us begin with some classic citations: "Tuberculosis, with the same right with which it is called an innate disease, may also be called an alimentary disease. The bad dental condition of the child is responsible for a deficient alimentation and a poor development."[1] The disaster of a bad dentition is well known, and the ABC of the interminable pathological train which is formed by this criminal

[1] *Moeller*, "The Dental Clinic as a Means to Fight Tuberculosis," (cited by Durante Avellanal in "The Dental Service in Industry.")

deficiency is represented by a deficient, or better still, a disturbing alimentation, since food improperly masticated will be ingested under negative conditions.

We cite here only for the present this purely mechanical aspect because the intrinsic nature of foods will form the subject matter of a more detailed study.

Oral hygiene of the children, whether in school dental clinics or elsewhere, is actually engaged in the normalization of these important functions; and well known are the experiences which demontrate conclusively the incalculable services rendered by school dental hygiene, from the point of view of the general health and even of the mental equipment of the children, who manifest surprising changes conjured up by a simple sanitation of their mouths and teeth.

But it is not in this chapter alone that the root of the capital question is to be found; for the child, before its teeth got into bad condition, received them in very good condition from Nature, and it did nothing, or else its parents and teachers did nothing, to preserve them thus. We find ourselves, then, face to face with the original sin.

This would be the moment to begin the crusade against the morbid element that commences to destroy the teeth and to impede all the functions related with them. Once the low level has been struck in the natural dentures, pathology conquers new territory with wonderful facility, and the defensive work must multiply its efforts in order to keep at bay an enemy that, in the propitious hour, could have been vanquished with relative ease.

Man, therefore, must defend and preserve—and not destroy—what Nature has given him. He must begin by welding the most important of arms: a good systemic terrain, an impregnable fortress built of two elements, the inherited, if they are found to be good; and the acquired, which latter replace the former if their efficiency is thought to be nil or doubtful; or both of them combined, which represents the ideal.

If a man is made with good materials, if he is formed from a clay fit to weather the inclemencies of his surroundings, he will emerge smilingly from the first skirmishes (which are oftentimes decisive), and his evolution and growth will be normal and harmonious. But, which are the elements that ensure a sufficiently solid edifice? Who guarantees the good quality of the initial protoplasm from which issue all those mysterious properties that resist the morbific invader?

While not absolutely certain, yet we believe that the answer to these questions is almost wholly contained in the one word: nutrition.

However, there arises at once another, and not less interesting

question: is man, from the very beginning of his existence, so nourished as to meet with the ideal which we pursue? The answer, discouraging as it is, must be in the negative. With every epoch that passes, the human being feeds his body badly —with a refined negligence.

Culture, sweeping civilization, and the unhealthy rush and bustle of modern life have demolished many principles and systems that ensured a healthier and longer existence; the most advanced races are also the unhealthiest and weakest. The races that are leading a less comfortable life are the only examples which remain of the peoples of another age whose physical resistance and natural strength were much greater than those of the people of today.

Will it be possible to return to some very ancient formulas in order to ensure a longer and healthier existence? Is the civilized contemporary capable of submitting to a regimen truly adequate for him, without detriment to his magically creative and revolutionary intelligence? Will it be possible to improve the physical condition of the race, thereby decreasing or totally abolishing the frightful percentage of those unfit for military service, which certain countries have announced in their respective statistics and under diverse circumstances?[2]

Heaven grant that some day these queries may be answered promptly and positively!

[2]When the United States conscripted their manpower during the War it was found that 50 per cent of the people were physically unfit, and this in a country where much attention is being paid to body culture. Similar observations were made in England, and in our own country (not to cite others) the deplorable proportion of those that are unfit for military service is only too well known.

(Chapter II appears next month)

An Economic Problem

I have just finished reading the article in the November ORAL HYGIENE* by Dr. Morgan of Los Angeles. I certainly agree with him. I think this is a splendid article, and think it would be beneficial if a copy of it could be placed in the hands of very dentist. I would be willing to share my part of the expense if this could be done.—L. J. OBREY, D.D.S., *Boston, Mass.*

[Since ORAL HYGIENE reaches every dentist whose name can be secured, Dr. Obrey's wish has already been fulfilled.]

*ORAL HYGIENE, November 1930, p. 2432.

PROFESSIONAL *and* ECONOMIC EQUIPOISE

By D. D. Rider, D. D. S.

NEXT to answering questions intelligently, the most important, beneficial, and constructive thing anyone can do is to ask questions. Though I have my own answers to the questions I shall raise, I shall probably ask many more than I shall attempt to answer in this article.

As paradoxical as it might at first appear, it is a truism that the vast majority of dentists are not receiving sufficient remuneration for the services they render; nor is the public receiving the service for which it pays and has a right to expect. These facts evoke the following question: Is the dental profession, and are the individual members thereof, in professional and economic balance?

There was a time when any discussion of dental economics had to be approached with fear and trembling and in danger of excommunication from "our society." Recently an entire half day at a state convention was devoted to the discussion of dental economic problems, followed by table clinics.

Professionally, dentistry has advanced in a creditable and marvelous manner. Volumes could be written on this phase with which dentists are already familiar and of which they are justly proud. This advance is all the more creditable when taken into consideration with the fact that new ideas have been advanced and research work done by comparatively few, the majority of dentists seeking to "cash in" on newly advanced technique.

Although it is more diplomatic and acceptable to deal out flattery, it is more beneficial, and more good can be accomplished by pointing out one's errors, provided this censure is pervaded with a spirit of constructive criticism. Let us lay aside our professional cloaks of self-righteousness, and without bigotry, conceit, or fear of political disfavor, ask this question, "Is there *Professional* and *Economic Equipoise?*"

Are seventy-five per cent of the dentists who need more practice going to strike professional and economic balance by listening to and aping the dentist who enjoys a lucrative practice because he receives exorbitant fees for average, or less than average, quality of mechanical dental work?

Are dentists going to strike professional and economic balance by following the practices of the ethical quack who covers putrescent roots with ill-fitting restorations? This does

not refer to the advertising dentists, but singles out the dentist who, having paid his annual state board donation to politics, has immunity from official interference and can do, in spite of an ethical code, a job in dentistry calculated only as an excuse to extract that amount of money which he feels his patient is able to pay.

Are dentists going to strike professional and economic balance by following the suggestions made by exploiting, commercial, and self-appointed dental economists who advance theories calculated to teach a dentist the ways and means of keeping books on patients whom he does not have, and to charge more for the rendering of the same quality of mechanical dental work for the patients he already has? Using the abundance of evidence I have seen as a basis for judgment, I should say that there are many dentists who have taken so-called economic courses and are still spending much valuable time in pursuing a policy of "watchful waiting" for more patients.

The vast majority of dentists need more patients. They need a tried and proven method of creating a desire for dental service so that those needing dental service will go to some dental office for that service. I think I can show a number of dentists how to get a sufficient amount of a better class of business that will keep their hours occupied with productive service. When this is accomplished, the balance of their economic problems are easily solved.

Perhaps some dentists already have a satisfactory volume of practice, but have not the type of patients that their particular skill merits. Possibly some dentists are not getting the remuneration for their services that they deserve from the patients they already have.

Thus far, I have tried to bring out the point that the dentist himself should be in professional and economic balance or equipoise. There is another balance which must be obtained if dentistry is to remain a humanitarian service and not become a commercialized exploitation. The equipoise which I have in mind is the professional and economic balance between the dentist and his patient.

The only recognized method that I know of for arriving at an equitable fee for dental services is to determine upon a suitable charge by using the following items as a basis for calculations. They are:

1. Cost of education
2. Overhead expense
3. Cost of production
4. Charge for service on hourly basis.
5. As much more as is the patient's ability to pay.

The first three are practically fixed charges; the fourth and fifth items are flexible, the fourth particularly so. So far as the majority of dentists are concerned, they will be better off if they do not overwork the last item.

Here is a peculiar thing. I have listened to many so-called dental economists and have never heard one say that fees should depend primarily on the quality of service rendered. This may have been assumed, but, nevertheless, it was not mentioned. There is no objection to a superior fee when superior service is rendered. The sad fact remains that superior service does not necessarily accompany the superior fee. There is no need for me to cite examples. You doubtless know of as many as I. Do you call the sort of thing to which we refer professional or commercial? Is that equipoise; and is there need of professional and economic equipoise between the dentist and his patient?

Have we not listened long enough to individuals who advance theories incapable of coping with the economic conditions under which the vast majority of dentists are compelled to operate? Have we not heard enough from the fellows who, ignoring the human side of the dental profession, if you please, tell us how to make a million, and who, in estimating the patient's ability to pay, totally and knowingly do not take into consideration *quality of service?*

Let me hear from the dentists who have started with nothing and who, without the good fortune of getting into the well-to-do class, have made a professional and financial success. Let them, with sincerity and sympathy, tell me how it is done—those who have kept in professional and economic equipoise with their patients.

There is another professional and economic balance which should be struck, and that is between the dental profession *as a whole* and the general public. Theoretically, at least, there is a distinct difference between commercialism and professionalism. Though the commercial man also has his code of ethics, the ultimate goal of commercialism is the making of money. On the other hand, the professional man as a *humanitarian public health servant* is supposed to discharge a certain *professional responsibility* to *society* beyond and in place of practicing his profession for the mere pursuit of the almighty dollar, and that alone. What is the dentist's professional and ethical responsibility to society? It is to spread the gospel of oral hygiene (prophylaxis) *whenever, wherever,* and to *whomsoever* it is decently possible.

There are not too many dentists. The trouble is that people are not educated to the value of clean, sound teeth, and their relation to health, and are not having necessary dental service rendered. "It's *dental service* the *public needs,* not a correspondence course in dental education. A generalized dental health educational campaign is a problem for an organization. Co-ordinated localized co-operation is remunerative work for the local dentist." The vast majority of dentists have followed

a policy of "let George do it" on all matters pertaining to public dental health education. It is equally true that a large proportion of these same men condemn the public for its ignorance and lack of appreciation of the proper care of the teeth in their relation to health.

"Collectively, the members of the dental profession have millions of dollars worth of service that they are not selling simply because they lack the ability or disposition to make the public appreciate the value of that service, and the public is suffering as a result of pathological oral conditions that the dentists could prevent.

"The dear public spends millions of dollars for constipating foods, major operations, jewelry, stupefying movies, permanent waves, hooch, victrolas, automobiles, and lollypops while maintaining an attitude of indifference to oral prophylaxis and its benefits," says Dr. Rowley, of Ashland, Wisconsin.

Yes, this is true, but, why? Is it because dentists have not been brave enough to acquaint the public with the value of prophylaxis? Is it a case of "the public be damned"? Or, is it because the economic necessity and benefits have not been brought to their attention? Can you expect every dentist to recommend prophylaxis any more than you can expect every barber to recommend a safety razor?

If dentistry as humanitarian service is also a national economic necessity, would it not be wise to make an approach from an economic standpoint? No big moral issue has ever been realized until it has been approached from an economic standpoint.

There are two principal reasons why dentists have not interested themselves more enthusiastically in public education. Both of these reasons lead us to a continued consideration of professional and economic equipoise. First, there has been, and still is, an inexcusable and uneconomical absence of a practical dental economic course in our dental schools. Men are thrown into the world to practice a profession under economic conditions concerning which they have little or no knowledge. Second, men have been taught to practice dentistry on a reparative basis, without being shown the professional and economic value of conducting their practices on a prophylactic basis.

Due to the lack of general and dental economic courses in our dental schools and a fear of the other fellow's willful and malicious *misinterpretation* (please note *mis*) of an ethical code, altogether too many dentists are being kept from rendering more, much-needed service to humanity, and are stealing from those dependent upon them the benefits of an income which they have a right to expect from a possibly large earning capacity. Is it not time that our schools realize that if they

really want dentists to help serve the public, the dentists must first have peace of mind, financially, and contentment in the pursuit of their affairs? Are we not losing too many potential health servants when we need them badly to discharge our professional responsibility to society?

If we desire professional and economical balance, then let us assist those dentists who need it, economically, so that they can (not *may*) discharge their professional responsibility to society, and receive their just compensation for so doing. Is not the lack of such assistance responsible, at least in part, for advertising dentists, who constitute another economic problem?

Is the five-year dental course humanitarian or economic in view of the fact that the vast majority of "dental work" is ordinary and mechanical, and that some of the best men we now have are three-year course men? Would keeping students in school twenty years guarantee better dentistry to the public? Would it not be economic as well as professionally humanitarian to go back to the three-year course, open our closed dental schools, and require special training or proven superiority for specialists? Can you see why a self-appointed specialist should receive specialist's fees for work not requiring special skill? If a dentist recommends his patient to a specialist, he voluntarily, or involuntarily, is boosting for that specialist, and preparing his patient for an advanced fee. All that is necessarily proper. But—who is boosting for you?

In succeeding articles in ORAL HYGIENE I shall endeavor to show how the practical and proper application of that which I have called Operative Prophylaxis makes a dental specialist out of the dentist who conducts a general practice, and how it gives him professional prestige and justified increased remuneration. I shall attempt also to show how Operative Prophylaxis is an integral part of professional and economic equipoise.

1,188 Readers Wrote For It

A fine-type paragraph in November ORAL HYGIENE offered heavy-paper reprints of the illustrated pages of Dr. Jenkins' article, "Showing the Patient." As this present issue closes, 1,188 readers have requested reprints and more letters arrive with each mail. Another similar article by Dr. Jenkins begins on the next page.

SHOWING *the* PATIENT

By JOSEPH B. JENKINS, D. D. S.

[*Dr. Jenkins' first article, in November* ORAL HYGIENE, *on "Showing the Patient," was immensely popular.* ORAL HYGIENE *is glad to present the second of the series.*]

TO continue the idea of popular education in matters of dental pathology and anomalies, I offer a series of pictures entitled "Twenty-four Disorders Associated with Impacted Wisdom Teeth," cases taken from my own files. This compilation was made primarily for the purpose of presenting the subject to the patient in a simple, convincing manner.

So many patients present at the office of any diagnostician, exodontist, general practitioner of medicine or dentistry, with symptoms that puzzle the doctor and do not yield to treatment. Many times they are of a neuralgic nature, a regional motor or sensory paralysis, a neuritis, or many of the disturbances of the central nervous system as neurasthenia, neurosis, hysteria, or even insanity, as demonstrated by the records of Dr. Henry J. Cotton of the state hospital for the insane of New Jersey, and the institution at Abilene, Texas. Most of these may occur without the slightest local manifestation, or discomfort about the tooth itself. These conditions usually clear up following the removal of the cause. Frequently the recovery is immediate.

It will be noted in this series that only the first three illustrated conditions are manifested as *local* pain — only three that would lead the untrained to suspect the real cause by giving local pain. And yet there are many conservative dentists who still say to the patient: "Yes, you have an impacted third molar, but so long as it doesn't bother you, better just leave it alone." This advice is good if the patient or the doctor is quite sure it really is not "bothering," but how and when can one be sure? Is local comfort or discomfort a dependable sign?

Certainly not.

Many individuals are not aware of having third molars or that they have constitutional or referred disturbances until they are so frequently cleared up following the removal of

unerupted third molars. This is well illustrated by number thirteen—a case wherein pressure from an impacted third molar was evidently being referred to the region of the eye. The tooth was removed as a possible causative factor in a neuritis of the left arm. The patient had worn corrective lenses for a number of years, but discarded them the day following removal of the third molar, stating that his vision was better without glasses. He has not worn glasses since. How could he have known that there might have existed a relationship between the impacted third molar and his impaired vision? He had had no *local* discomfort whatever.

I quite agree with these conservative ones that all impacted teeth should be unmolested so long as we are *certain* they are not causing any trouble and are not likely to do so. But how and when may we be *certain* they are not going to cause trouble in view of the fact that they may cause no less than twenty-one disorders without giving *local* symptoms?

Shall we leave them alone as long as the pain is not in and about the third molar region? What is the reason for advising retention of so potentially dangerous a factor that is absolutely useless and must probably be extracted some time?

I think there are four reasons:

First, many dentists are not aware of the twenty-one disturbances that may be caused by impacted third molars, and do not warn the patient, thus placing the responsibility where it rightfully belongs.

Second, they dislike to subject the patient to the expense and discomfort incident to the surgery necessary for their removal, until compelled by circumstances to do so.

Third, there is a tendency on the part of some men to sidestep a difficult undertaking, the outcome of which may be doubtful.

Fourth, these same men feel that they are jeopardizing the patient's confidence in his ability if he should refer the patient to an oral surgeon or exodontist for the operation.

In this gruelling race of life for health and advancement, why not "lay aside every weight," instead of carrying a useless lump of concrete to the top of the long hill and then dumping it? Why not lay it aside at the very foot of the hill, knowing that we probably shall have to unload it at some stage of the journey anyway?

One may say that millions have gone to their graves at a ripe old age with unerupted third molars still in the jaws. Likewise millions have gone to a ripe old age in slight vague discomfort with a neuralgia, a neurasthenia, a partial paralysis, either sensory or motor, a hyperesthesia, a neuritis or a gastric disturbance, all from some hidden cause that defied diagnosis or curative efforts of

the physician and surgeon, that might today have been discovered by the radiograph and easily and inexpensively removed by a competent dental diagnostician and oral surgeon.

There is little danger of overemphasizing the gravity of the presence of unerupted, impacted third molars, since the most serious reaction of the patient to this information would be to have an entirely useless, probable incumbrance removed while still in the best of health and under the most auspicious circumstances. If these teeth are allowed to remain in until they "bother," they frequently do so at the most inopportune time, when one's natural resistance is lowered by an attack of illness, while away from home on a vacation, or traveling, when one is least in position to choose his operator and other factors. If one has a probable surgical operation to undergo, it is far better to select the time, the place, and the operator than to have it forced upon one by complications at an inopportune time. It would seem better to do this before irreparable damage has been done. It is a case of locking the barn *before* the horse is stolen, since prevention is better and safer than cure.

The case in the eighth picture will serve to illustrate this point: patient, white woman, age 42, married, paralyzed: unable to move hand or foot for three years. Appendectomy and hysterectomy were done in the *hope* of relief. Those measures failed, as did hydrotherapy, mechanotherapy, and drugs. She was finally taken to the Mayo clinic where she was told they were unable to find anything that would account for her paralysis except four impacted third molars which they advised her to have removed. She returned home, and the local oral surgeon removed them. Within ten days she had made sufficient recovery to be able to do her housework. Could anyone doubt that these teeth were "bothering" her, notwithstanding the fact that she had not one slight local symptom? This case with modifications could probably be duplicated or paralleled many times in any exodontist's or diagnostician's office.

Number nineteen illustrates a frequent occurrence in any dentist's office. Patient presents with slight discomfort about partially erupted third molar region. The tooth is removed; a few days later complications set in: foul odor and excruciating pain without swelling. Patient returns to office with well established case of Vincent's infection which is more serious and expensive than the original operation. The Vincent's organisms lie dormant in the unclean, uncleansable crypt about the impaction; so when conditions are favorable, as to lowered resistance, variation of oxygen tension, and presence of blood, their favorite pabulum, they suddenly became active. This is another reason why partially erupted, impacted teeth

should be removed *before* causing trouble.

The twenty-third picture will serve to illustrate my point further. A high school girl of seventeen came home from school one day at the noon hour, became suddenly irrational, chattering incoherently for a half hour. She was examined by a physician who administered an opiate to relieve the nervous tension, and prescribed for her. He attended her for six weeks, changed prescriptions six times, and succeeded only in allaying the symptoms. There was little or no improvement until she was taken to a dentist for attention to a carious tooth. He made a radiographic examination, discovered four impacted third molars, and removed them. This was done surgically, with little pain, risk, or inconvenience; and the patient made an immediate recovery without further therapeutic treatment following removal of the first tooth. She returned to school, took her place in her class, and resumed her social position. These teeth had not caused the patient the slightest *local* pain or discomfort. How could she or her doctor have known that there could have existed a relationship between impacted third molars and a disturbance of the central nervous system?

What, then, should be our course?

Patients presenting with third molars missing, or unaccounted for, should be advised to have radiographic examination. The patient has a perfect right to refuse. If radiographic examination reveals impacted third molars, the patient should be told of the possible ill effects of allowing them to remain in the jaws, so that, in the future should any of these symptoms arise, they may recall that the impacted teeth are possible causative factors and have them removed.

We should not presume to make up the patient's mind for him; but when we have placed the facts before him, the responsibility is shifted from the dentist to the patient, to whom it rightly belongs.

[*The illustrated pages in this article (beginning on the next page) are available in the form of a reprint on heavy paper, suitable for use at the chair: You may obtain a copy without charge by writing the publication office, 1117 Wolfendale Street, Pittsburgh, Pennsylvania.*]

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Disorders Associated with Impacted Wisdom Teeth

Compiled by

JOSEPH B. JENKINS, D. D. S.

1. Pericoronitis

Inflammation, redness, pain, pus formation and swelling about erupting tooth frequently causing pericoronitis.

2. Muscular Trismus

Muscular trismus and locking of the jaws with great pain and swelling.

3. Trifacial Neuralgia

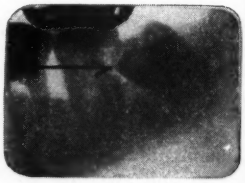
Caused by long continued irritation of nerve trunk and Gasserion ganglion, radiating to the entire side of the head and face.

4. Neuralgia

Violent in nature, frequently prostrating victim.

5. Pressure Atrophy

Pressure atrophy of second molar and causing predisposing pain to second molar.



6. Decay

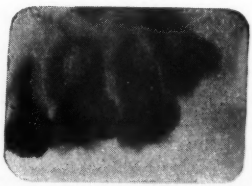
Decay of second molar, pulp exposure, abscess and loss of tooth.

7. Anesthesia of Arm

Anesthesia of the arm and occasionally of leg, referred from pressure on nerve.

8. Regional Motor Paralysis

Caused by pressure on nerve trunk, referred to motor nerve.



9. Regional Sensory Paralysis

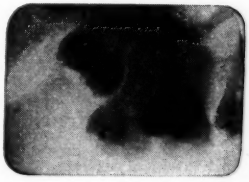
Caused by pressure referred to sensory nerve.

10. *Neuritis*

Inflammation of nerve from irritation by impingement on nerve trunk.

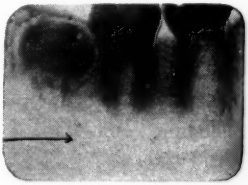
11. *Neuralgia*

Referred to arm and shoulder from nerve irritation.



12. Acute Gastritis and Menstrual Disturbance

Caused by affecting pneumo-gastric nerve and sympathetic nervous system.



13. *Impaired Vision*

Caused by pressure on dental nerve referred to optic nerve.

14. *Cyst*

Sometimes destroys bone causing complete fracture of jaw.

15. *Pyorrhea*

One of seven recognized contributing causes of pyorrhea by pressure atrophy.

16. *Malocclusion*

Malocclusion, crowding and irregularity of teeth, impairs mastication, induces pyorrhea.

17. *Hyperesthesia*

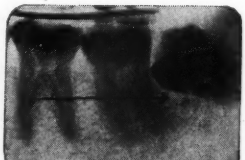
Hyperesthesia or abnormal sensitiveness of upper extremities.

18. *Inability to Concentrate*

Affects central nervous system contributing to inability to concentrate thoughts.

19. *Trench Mouth*

Focus of trench mouth or Vincent's infection.



20. *Neurasthenia*

Neurasthenia, excessive nervousness from pressure or irritation.

21. *Neurosis*

Neurosis or functional nervous disease, due to long continued pain or discomfort.

22. *Hysteria*

Hysteria or mental disturbance from pressure or irritation.

23. *Insanity*

Caused by long continued neurosis or neurasthenia, combined with other factors.

24. *Migraine or Headache*

Caused by nervous tension due to pressure or discomfort.

A NUTRITION Study

By I. S. TERRELL

POOR teeth are the result of lack of calcium, normally supplied by milk. This fact, well known to those of us who, without a thought, get our quota of milk each day, was one of the conclusions made by Dr. Guy S. Milberry, dean of the University of California College of Dentistry, following a two months' survey of dental problems in the Hawaiian Islands.

One of the principal causes of poor teeth among children in the island group is the lack of milk in their diet, Dr. Milberry says. In certain localities the teeth of the infants were found to be defective, and to have characteristics which were due, apparently, to imperfect calcification. In one class of 49 children, Dr. Milberry failed to find one single sound tooth. Every child in the class had a full complement of teeth, but these were either all decayed or defective. These conditions prompted Dr. Milberry to make a further investigation of the milk question and of the water supply.

Many of the inhabitants of the island group are unaccustomed to the use of milk as part of their diet, especially the Orientals, the investigation revealed. The average consumption of milk per day, exclusive of the tourists, was estimated as approximately one-quarter of a pint per person. This is below the average consumption for the United States, which is set at three-fourths of a quart per person per day.

The water supply showed a deficiency in calcium which is so essential for sound teeth.

The artesian well supply of Honolulu contained 22 to 23 parts of calcium per million gallons, or approximately .74 grains per gallon. If the body is to get its necessary 1.5 to 2.5 grains of calcium daily, each person living in Hawaii will have to drink from 20 to 30 gallons of water per day.

The calcium content of the soil also was found to be deficient, as it was but 4.59 per cent in the virgin uplands, and dropped to 2 per cent in cultivated areas.

With a lack of this important ingredient in both the soil and the water, people living in the Hawaiian Islands get too little calcium because of its general scarcity. As a result, the

Dr. Milberry (right) with Dr. Voorhees, from a snapshot taken by Dr. Alec Richardson of Sydney, Australia, while the latter was touring the United States last summer.

teeth of this group of islanders have suffered to a great extent.

Old-timers living in the Hawaiian Islands told Dr. Milberry a story of the first cattle taken to the islands, which plainly indicates the lack of calcium. When the cattle first landed, they were ordinary in every respect. After living there for a time, they developed shaggy hair, became thin, gave little milk, and many of them died. The animals that survived were found eating the bones of the dead animals in order to get the necessary calcium for which their bodies were starving.

In order to counteract the lack of calcium in the soil and water of the Hawaiian Islands and also to provide this very necessary chemical for good teeth, fertilizers containing lime, bone meal, and other ingredients containing calcium have been introduced.

Dr. Rodrigues Ottolengui Receives Ninth Callahan Memorial Award

By JAMES M. CHALFANT

AT the sixty-fifth annual meeting of the Ohio State Dental Society, the Neil House, Columbus, on the evening of December 2, Dr. Rodrigues Ottolengui of New York City, dentist and editor of *Dental Items of Interest*, was named the 1930 John R. Callahan Memorial Award medalist.

Dr. Harry M. Semans, Dean of the College of Dentistry of the Ohio State University, as Chairman of the 1930 Award Commission, presented Dr. Ottolengui with the medal in memory of Dr. Callahan and as a recognition of Dr. Ottolengui's exceptionally meritorious work in the field of dental research, resulting in a contribution to dental science of distinctive value.

Besides Dean Semans, Dr. Weston A. Price of Cleveland and Col. Robert Todd Oliver of Philadelphia, president of the American Dental Association, also spoke briefly, paying their respects to Dr. Ottolengui as teacher, student, editor, writer, and close friend of Dr. Callahan.

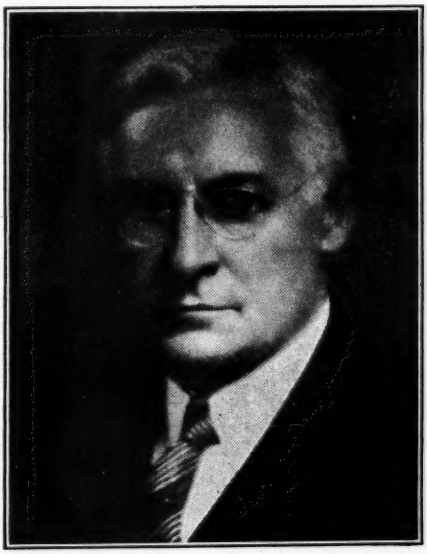
Following the formal presentation of the gold medal, Dr. Ottolengui, as the essayist of the evening, delivered a lecture on "The Relation Between Pulpless Teeth and Metastatic Infection," very fully illustrated by lantern slides.

Though it has been told before, it is perhaps not amiss to review briefly the history of this distinctive award.

Dr. John R. Callahan was born in Hillsboro, Ohio, in the year 1855. Graduating in 1879 from the Philadelphia Dental School, he practiced dentistry in Cincinnati from 1890 to 1918. He enjoyed an exceptional practice, and had a rather exclusive clientele.

But Dr. Callahan was preeminently a research man, and not of the cloistered or retiring type, either. Whenever his research studies resulted in something for the betterment of dental science, he was eager to tell the other fellows about it in order that the general level of the profession might be raised.

Before long he became recognized as an authority on certain phases of dentistry. Presently his fame became national, even international. He was much sought after as a speaker before dental organizations, as special lecturer and clinician.



Dr. Rodrigues Ottolengui

So zealous was he that he spent much of his time and strength in this type of service to his profession.

He was very active in local, state, and national dental affairs. Conspicuous in local and state societies, he was also an outstanding figure in the National Dental Association, always ready and eager to do what he could to promote the profession of dentistry.

Specifically, Dr. Callahan is remembered by the profession as having evolved a rational technique for the treatment of pulpless teeth, including the evolving of proper filling materials.

In February, 1918, Dr. Callahan died. It seemed to many of his colleagues and friends that the memory of one who had done so much for dentistry should be kept alive. And so a movement was put on foot by the Ohio Dental Society to raise a $10,000 fund for a memorial to John R. Callahan. Response was ready and generous, so that the fund was realized and the memorial became possible.

The fund, it was decided, was to be administered by a commission of eight men, all members of the American Dental Association. Five of these men were to be members of the Ohio Dental Society, and were to be elected to the commission

for four-year terms. The other three, from outside Ohio, were to be elected for three years.

The John R. Callahan Memorial, it was determined, was to have two phases: a local Cincinnati memorial to the man so long identified with the city's professional life; and the other phase, a recognition of his international influence in dentistry.

And so in December, 1922, there was unveiled in the General Hospital grounds in the city of Cincinnati a one and two-thirds life-size bronze bust of Dr. Callahan, executed by the Chicago sculptor, Frederick C. Hibbert. Dr. Ottolengui made the address at the unveiling of the monument.

The second phase of the memorial was the awarding of a gold medal annually to the person who, in the judgment of the John R. Callahan Memorial Award Commission, had done dental research of such exceptional value that it constitutes a distinct contribution to dental science.

The first man selected by the commission (in December, 1922) for this signal honor in memory of Dr. Callahan was Dr. J. Leon Williams, of London, England (retired and living at Solon, Maine). Dr. Williams' essay was "Mottled Enamel, Original Research."

The 1923 recipient of the medal was Dr. Frederick B. Noyes, of Chicago, in recognition of his "Research in Dental Pathology." The 1924 medalist was Dr. Clarence J. Grieves, of Baltimore, Maryland. His essay was "An Historical Study."

In 1925, the award went to Dr. Edward C. Rosenow, of the Mayo Clinic in Rochester, Minnesota, whose essay was entitled "Changing Conceptions Concerning Oral Sepsis." Dr. Percy R. Howe of Forsyth Infirmary, Boston, and Harvard University, was selected for this honor in 1926. His essay was "Modern Research—Dentistry Enters the Field."

Dr. Howard R. Raper, of Albuquerque, New Mexico, whose essay was "Toothache from the Radiodontist's Viewpoint," received the Callahan award in 1927, and in 1928 it went to Dr. William J. Gies of New York City, presenting "The Place of Dentistry in a Program for Better Health Service."

Dr. Russel W. Bunting, of the University of Michigan Dental School, received the 1929 award. His essay was entitled "Certain Considerations in the Problem of Dental Caries."

The personnel of the 1930 Award Commission is: Dr. Harry M. Semans, Chairman, and Drs. C. Stanley Smith, T. I. Way, Weston A. Price, Thomas J. Hill, Justin D. Towner, Howard R. Raper, Chalmers J. Lyons.

BRUSHING UP *on* STERILIZATION

By JOHN G. HOUCHINS, D. D. S.

THE scrupulous cleanliness of the entire environment is a thing of necessity in every walk of life. Therefore, in dentistry, sterilization must be active and ever borne in mind. In presenting this article, it is my purpose not to *inform* you but to refresh your memory by reviewing the necessity for cleanliness and sterility in the dental office; for the misfortunes that might come to a patient from a dentist's neglecting to sterilize could be dangerous and of grave consequence.

When we speak of sterilization we associate asepsis and antisepsis in our minds, asepsis being synonymous with sterility and freedom from bacteria while antisepsis refers to numerous considerations of bacteria and deals with the destruction of bacteria.

There are many things of importance to be considered in the office of a dental surgeon from the standpoint of sterilization. We encounter much sepsis that must be overcome before we endeavor to perform any type of surgical operation in the mouth. Although complete sterilization of the oral cavity throughout an operation is almost impossible to obtain, surgical operations should at all times be performed so far as it is possible under aseptic conditions.

External operations of the face or neck, for example, can be performed under most pleasing aseptic, or sterile, conditions. Once this type of field for an operation is rendered sterile or aseptic, it is easy to keep it in that condition. With reference to the mouth or oral cavity proper, one can safely speak of it as being a field most fertile for bacteria. Microscopic examination will always reveal many types of pathogenic organisms in the cleanest of mouths. Therefore, we, as dentists, are constantly at work in the field of infectious enemies, and we must take extreme, or extraordinary, precautions in order that the enemy may not attack our patients as well as ourselves.

Sterilization in the dental office begins with the personal cleanliness of we who serve the public in the profession which we have chosen, so aseptic personal habits are essential to the well-being of a dental office. The grooming of one's hair, the care of one's skin, the trimming and care of one's nails should

receive much attention. Bacteria look for no better "soil" than that of poorly kept nails.

Microscopic examination will usually, if not always, find the staphylococci and the pyogenic-cocci under and about poorly kept fingernails. The hands also are considered highly infective, and the cleaning and sterilizing of them should be performed by scrubbing the hands and nails well with mercuric chloride solutions. Well scrubbed hands prevent the carrying of bacteria from one patient to another.

Many dentists and almost all surgeons prefer and use rubber gloves as a further precaution against infection in all types of surgical operations. Rubber gloves should be worn even when prophylaxis is performed if any blood is drawn. This is much safer for the operator.

Boiling in water is considered the best method by which sterilization of instruments may be accomplished. Dental instruments which are used in different fields of infectious bacteria should be kept in boiling water throughout the day in the office of a busy dentist. After working on a mouth that is *known* to be highly infected with bacteria of contagious diseases, such as Vincent's Spirochaeta or Treponema-Pallidum (syphilis), every instrument used should be sterilized *separately*.

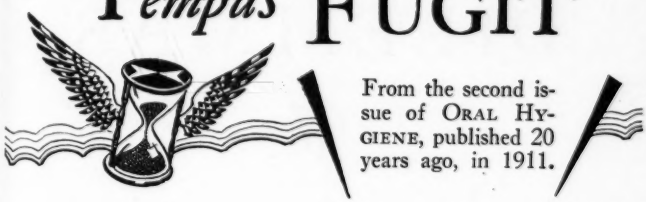
Sterilization by boiling kills most pathogenic bacteria in a period of from ten to fifteen minutes, but there are a few sporiferous germs which require being kept in the sterilizer twenty to thirty minutes before they are rendered inactive. Tetanus bacillus and anthrax bacillus are of the sporotic type, but they are seldom found in the mouth.

Immaculate linens also play a large part as an aid to sterility in the dental office.

Nature, however, has been kind to us. If this were not so, surgical operations in the oral cavity could not safely be performed nor the recovery of the patient expected. Fortunately for the practicability of our art from a pathological standpoint, and for the continued preservation of the human race, there is a natural ability in the body to resist, overcome, and eliminate a moderate amount of bacterial invasion.

In healthy mouths where oral hygiene is carried on at home, where mechanical dentistry is being done, and where the soft tissue or bone is not taken into consideration from a surgical standpoint, ordinary personal cleanliness is all that is necessary, but do we always *know* when a mouth is absolutely healthy? It is certainly always *possible* to carry infectious bacteria from one mouth to another; so let us never become negligent with regard to proper sterilizing.

Tempus FUGIT



From the second issue of ORAL HYGIENE, published 20 years ago, in 1911.

UNFORTUNATE PEOPLE—THE CARE OF THEIR MOUTHS AND TEETH

Dental inspection of school children is already here in some cities, and it will soon arrive in others. Likewise a free dental dispensary for poor children has, here and there, crystallized from a dream into an actuality. As I see it, the campaign seems to be to educate the child, and incidentally the parent through the child; then to administer to the needs of the very poor child. A very big undertaking indeed.

Yet I now suggest that we attempt a little more. The problem I present is a very simple one compared to the ones of dental inspection of school children and the establishment of free dental dispensaries. It is the care of the teeth of state charges, i.e., the blind, the deaf and dumb, the feeble-minded, the insane, the epileptic, the pauper and the criminal in our state institutions.—HOWARD R. RAPER, D.D.S., *Indianapolis, Ind.*

TOOTH BRUSH DRILL FOR CHILDREN

For many years teachers of grades in the Tuscaloosa schools were requested to stress the importance of the observation by their pupils of the simpler laws of health. Among other things, the care of the teeth was made prominent. This work, though desultory and largely advisory, may have been of some benefit, since, prior to the institution of the drill in brushing teeth, the medical examiner commented on the better average condition of the schoolchildren's teeth in the Tuscaloosa schools as compared with those of children in several western schools which he had formerly served as examiner.—JAMES H. FOSTER, *Tuscaloosa, Ala., Superintendent of Schools.*

SCHOOL POSTERS

Mr. George H. Reif, superintendent of the Ramsey County, Minn., schools, and Mr. H. E. Harter, superintendent of the Hennepin County schools, have each arranged for school posters in the various rooms of the schools in their jurisdictions. An article in one of the Minneapolis papers attracted considerable attention to it. The city schools have not yet taken the matter up. These posters should be in the primary rooms of schools all over the country. —*Editorial.*

DILEMMAS *of* Dentistry

By Ex-Dentist

(*Continued from January issue*)

This series of articles, of which this is the second, deals in a new way with administrative, ethical and financial problems of dental practice.

Following this chapter, the series takes the form of individual personal narratives.

The author is a successful ex-dentist living in New York City.

Influence of Friends and Relatives

SOME graduates are fortunate in being able to start professional life surrounded by loyal and helpful relatives and friends who co-operate heartily in securing patients. If this circle is sufficiently influential to provide enough patients to keep the graduate moderately busy at the beginning, his worries with respect to volume of practice may be at an end. If, in other instances, his co-operators supply only a substantial nucleus of patients, the graduate has the advantage of a start that might otherwise take him years to reach.

However, the promised support of relatives and friends in

this respect cannot always be relied upon. It is not that these promises are made insincerely. In some cases the necessary positive enthusiasm and organizing ability may be absent or there may be failures to realize the nature of the task.

Perhaps the most frequent cause for the non-realization of such promises is psychological. It is often difficult for the old friends of the young graduate to visualize him in his full professional stature. The memories of the child and later of the boy going to school, selling papers or working in other subservient capacities linger in their minds. To them he is just little Johnny grown older. They are reluctant to abandon the character of their earlier relationship. Those who previously exercised any type of authority or ascendency over him by virtue of superior age, or other reasons, cling, perhaps subconsciously, to this past superiority. This relationship develops a host of negative factors destructive to professional morale and to orderly growth and control of practice.

Many patients will remember the dentist as a boy selling papers.

If some strange dentist comes along no older nor more experienced than our graduate, his professional status is unconditionally granted. No one will think of basing the quality of his professional abilities upon his childhood or adolescent personal history. Being introduced to the community as a dentist, everyone will think of him primarily in his professional capacity. He always will seem to be more genuinely a practitioner than Johnny who went away a shy, diffident boy and came back a full-blown D.D.S.

Not only is the young graduate often forced to struggle against the prejudices of his home community friends, but he may have his own reactions to fight. He may feel at some disadvantage in dealing with some of the older members of his acquaintance. As a boy, many of them may have appeared greatly above him in knowledge or authority. Some of them may have ordered him about in no uncertain way. Others controlled him by affection. The projection of these earlier influences may make it difficult, perhaps impossible, for him to exercise the professional authority indispensable to the welfare

of patients and the proper conduct of his profession.

Many a promising young dentist beaten in his own home surroundings by these peculiarities of human relationship afterwards found success and high professional recognition in other localities.

Therefore, unless a graduate is sure of receiving substantial support in practice in his home community, or unless he is of that rare type that seems to be able to conquer the obstacles of any environment, he will in most cases be well advised to start practice among strangers.

Influence of Wife

Ordinarily, it is not considered wise for the wife of a dentist to assist her husband actively or obviously in the management or development of his practice. It may tend to change the tone of the practice from professional to domestic. It may impose connubial restrictions and subserviences upon the dentist detrimental to his professional authority and prestige. It does not, as a rule, meet the fullest approval of the average patient. Nevertheless, in many cases wives of dentists have been prime factors in the successful building and conserving of their husbands' practices.

In such instances, the wife usually has supplied constructive, administrative, or financial ability lacking in the husband. It cannot be denied, however, that such co-operation unless accompanied by rare discretion usually reduces the dentist to a secondary personal role in his own practice.

During the last few years it has come to be recognized that the non-technical and financial involvements of practice are the province of the paid dental assistant.

Patients naturally assume that a paid assistant is provided for the purpose of increasing non-technical efficiency and the quality of personal service. This recognition, together with her personally detached relationship toward the practice, permits the assistant to perform her duties with impartial efficiency, without any presumption of obtrusiveness and in a manner that adds prestige to the dentist and to his establishment. As a result of the general advent of the dental assistant, the percentage of wives interesting themselves actively in the management of their husbands' practices is rapidly diminishing.

But notwithstanding these considerations, wherever a practice is developed on lines that involve the wife's natural social or family contacts, she automatically and inescapably becomes an important influence in the destiny of that practice.

It is along these lines, remaining in the background and apparently disassociated from direct activity or interest, that wives sometimes play a major part in practice building—and occasionally in practice destruction. Many discreet, ingenious and socially capable wives in such circumstances have been

Many discreet, ingenious and socially capable wives influence their husbands' practice building problems.

able to cope adequately with many of their husbands' practice building problems. More than a few highly successful dental practitioners owe much of their rise to the tactful and self-effacing social efforts of their able wives.

Personality

Here and there in exceptional instances dentists are to be found whose personalities are so charming and who blend so harmoniously into the social atmosphere of any community in which they find themselves that patients naturally gravitate to them in adequate numbers. The following of patients in this type of practice, particularly in its early stages, is usually a greater tribute to personal qualities than to professional ability. However, so long as the patients receive reasonable professional attention and satisfaction, such a practice if not disturbed by emotional cross-currents, usually possesses strong cohesion and remarkable immunity from competitive attack.

But practices of this kind, built on the personality and charm of the dentist, are particularly susceptible to impairment through sentimental elements among groups of patients who are known to one another.

Patients who patronize a dentist through friendship or other sentiment are inclined to expect a preferential character and amount of personal attention in return. In mind, each of them

is playing the role of favorite patient. The dentist in such circumstances is usually a subject of friendly gossip among those of his patients who know one another. The greater their attachment to him, the more likelihood there is of jealousy arising among them over fancied or real preferences shown by him to other patients.

This type of practice structure comes easiest to young, unmarried dentists of the described personality. A single man can throw himself readily and unhamperedly into the various forms of social activity. Friendships are closer, more vital, more trusting, and more easily formed in our younger years. Almost everyone looks kindly upon the unspent enthusiasm of the young man starting a career, and patients make allowances for youth and inexperience that they might not grant to older men.

In practices developed primarily out of sentimental contact, in which the professional and social activities are so closely interwoven, the personal elements usually continue to take precedence over the professional. Being founded on emotion, such practices, unless fortified by outstanding professional reputation, often require emotional stimulus to sustain them.

For this reason, everything affecting the dentist's private and social activities, has a direct bearing upon his practice. If he fails to shape his private and social life with an eye to the approbation of his patients, his practice and prestige are likely to suffer.

Institutional Connections

Opportunities for connections with schools, hospitals, industrial institutions, and such like are limited in number and, therefore, not available to all practitioners. These appointments often are under the control of political or factional influences which further reduces their availability. The tenures of incumbency vary and are, in many instances, temporary. Ordinarily, these affiliations in themselves do not offer satisfactory remuneration, if any. They, however, frequently do give the young practitioner opportunity to acquire valuable experience not only in technique, but also in personal reactions.

In many instances, dentists make these connections in the expectation that patients treated within their scope may recommend others as private patients.

In some instances, these expectations are realized more or less fully; in others they fail to materialize. These connections generally do offer the advantage of supplying definite links to potential patients, but the problems of transforming these into actual patients are similar in many ways to those previously outlined here, with respect to practice building through social effort.

Medical Affiliations

Physicians frequently advise their patients to see the dentist. Dentists, occasionally, advise

their patients to see the physician. Theoretically, it would appear logical that a dentist might develop a substantial practice by making friendly arrangements with a number of physicians to recommend their patients to him for dental service.

Although this may have proved successful in some small percentage of cases, it is not generally feasible. An ethical physician might favor a dentist on grounds of personal friendship because of outstanding ability or reputation in specific technique, but it is not likely that he would do so for other reasons.

The majority of ethical physicians are conservative and do not make friendships, particularly of a professional character, lightly. Unless a dentist possesses these friendships naturally, it is extremely difficult to develop them deliberately; and even if such friendships are consummated, the suggestion of recommending patients might vitiate them.

On the other hand, a dentist may develop such an excellent professional reputation that the physicians of his district, even those who do not know him personally, will not hesitate to recommend him. Physicians frequently recommend a dentist, only after his reputation is so well established that he has ceased to need recommendation. Probably this is as it should be.

Casual Contacts

A casual, personal contact, or some other lucky circumstance may occasionally develop a large volume of lucrative practice. Such incidents have been known to provide the foundations for prosperous careers, although more frequently they serve simply as temporary increases in patronage and revenue.

Many dentists are fascinated by this element of luck and constantly look for it to operate in their favor. The effect in such cases is often decidedly unstabilizing. The dentist who places reliance upon such remote probabilities and weaves them into his calculations of practice is almost certain to overlook the obvious and common sense opportunities immediately at his disposal. Depending upon luck is, to say the least, a precarious policy.

Moreover, these accidental increases in practice, when they do occur, sometimes exercise an effect ultimately detrimental. Nothing more demoralizing can happen to a young practitioner than to secure an unusually large temporary income through some such fortuitous means during the first few years of practice and to have this followed by a long period of adversity.

The prudent dentist will base his expectations and calculations

upon a steady flow of regular patients.

Advertising

Attracting patients through advertising has been found effective in many instances. This method, however, is in disrepute with the profession, and also with a large proportion of the public. To understand this stigma, we must examine the criticisms made against this form of practice.

The charges most commonly leveled at advertised dentistry are:

First, that it strips dentistry of its professional status and reduces it to a business and handicraft.

Second, that in its business capacity, it sells dentistry and places the responsibility of selection upon the patient, whereas, professionally, the relationship of dentist to patient is that of guardianship, which imposes upon the dentist the legal and ethical responsibility of prescribing and performing only such services as, in his carefully considered professional opinion, are most beneficial to his patients.

Third, that advertising in dentistry in the past, has been preponderatingly of a misleading and dishonest character.

Fourth, that such advertising creates unfair competitive conditions that tend to deprive the public of the carefully considered impartial and complete service essential to sound dentistry.

Fifth, that the hired professional staffs of advertising practices often are composed largely of dentists suffering from professional or financial breakdown.

Sixth, that the practice of dentistry involves an individual and continuous responsibility which cannot be delegated, without impairment, to employees, who may leave or be discharged on short notice.

Seventh, that advertising practices deliberately subordinate the physical welfare of the patient to financial considerations.

Eighth, that such practices usually confine themselves to profitable prosthetic, restorative, or surgical services and deliberately neglect those pathological and abnormal conditions that involve more time and show a smaller financial return.

The proponents of advertising, on the other hand, claim that large advertising practices honestly conducted, develop sound management systems for the orderly and efficient routine of practice; standardization of certain types of technique and production; economy in time and expense and an increased demand for dentistry.

From a commercial aspect, these claims appear to possess some validity. Big modern business has, without doubt, improved methods of management, production, economy and sales in its own field. But the heart of professional responsibility lies beyond these factors. Den-

tal diagnosis, prescription, treatment, and supervision must remain, in most instances, individual, unhurried, reflective steps, to be co-ordinated, not only with each other, but also with the general physical and temperamental conditions of the patient. In these processes, consideration of time, economy, or other expediency must be subordinated to thoroughness, completeness, and efficacy.

It is also claimed on behalf of some advertising practices that they give better service than certain backward types of private practitioners. This may be so, but this unfortunate comparison does not mitigate their shortcomings, as viewed from a higher standard.

The subject of advertising is polemic. There is no intention of settling its merits here. Perhaps some day, an ethical and effective plan of collective, educational publicity may develop. In the meantime, the disapprobation of the responsible element in the dental profession, and also of the more intelligent public, should be sufficient to deter any professionally-minded dentist from adopting advertising as a means of practice expansion.

Besides, the advertising dentist is now a passing phase. Numerically, in proportion to the profession, he is diminishing. With a more complete Americanization of the public, his day may end.

In justice to him, it must be said that he has not been an unmixed evil. Often he has been a brave pioneer and missionary, creating and developing dental consciousness; or a good fellow, treating his patients squarely, according to his lights. In many instances, he has been the poor man's only dentist. He was, and still is, in most cases, the product of the almost extinct type of commercial dental school. Just as these schools, with all their faults and weaknesses, paved the way for better schools, the advertising dentist of the past performed valuable services in popularizing dentistry, and in helping to sow the seed of the crop which the private practitioner may harvest now.

The foregoing brief summary of some of the various current means for developing practice indicates that while each of them offers opportunities for certain types of success, under special conditions, no one of them is universally available or applicable; nor provides a basis for sound, ethical theories of professional practice building upon which all dentists may rely. At best, their functions are limited to attracting or securing patients; and these are only preliminary steps in any sound conception of practice building.

The special conditions upon which the success of the means described here depend, are often fortuitous, variable, temporary, or fragile. Consequently, seemingly identical types of office locations, community advan-

tages, and social opportunities often develop widely divergent results. This divergence is frequently increased through differences in personal attributes of dentists, that have no relation to professional knowledge or skill.

It is, therefore, not unusual to find successful and unsuccessful dentists of apparently equal professional ability, side by side, on opposite corners, in the same office building, or in the same social group. Nor is it exceptional to find individual dentists who suffer from drastic fluctuations in volume of practice.

These uncertain and seemingly uncontrollable factors that appear to make it impossible to plan volume and regularity of practice soundly and definitely have created instability and financial apprehension throughout a large part of the profession.

Much thought, effort, and experimentation have been devoted by pioneers and leaders, in and outside of the profession, to finding a solution for these practice building problems that could be applied effectively by all dentists. But, so far, no solution capable of such general application has been presented.

The recent graduation of dentistry into higher professional status, the general inchoate conception of its ethics, the rapid succession of developments and changes in theories of pathology and technique, the continuous metamorphosis of our social and economic structures, and particularly the absence of sound principles of administration have all contributed to this failure.

It is the purpose of this article, and of others which will follow, to explore in a simple, narrative, preliminary way some of the conditions, principles, and procedures that should be considered in formulating any sound philosophy of practice administration.

(*Continued in March issue*)

A Letter to Dr. Siegel

I have just read your article, "Aren't We All Americans?"* and while I am not gifted with the pen, I want you to hear my voice as one among the first to say "Amen" to that good article and what you have said. Why can we not bring this thing to pass? As you say, we create societies as well as make our laws, and so on. Suppose we take a vote on it, and get the ball rolling well. I can do my work as well in Kentucky or Texas as I do in Tennessee. I am your brother and not a competitor. Unity is strength, so let us have it nationwide. I'd like to know the opinion of all.

—J. S. DOWNEY, D.D.S., *Humboldt, Tenn.*

*ORAL HYGIENE, November 1930, p. 2422.

Is Medical Co-operation "APPLESAUCE"?

By ARTHUR CORSO, Ph. G., D. D. S.

A GREAT deal has been said and written about professional courtesy, appreciation and recognition of specialization, and the necessity for co-operation between the dental and medical professions. In fact everything pertaining to a mutual and thorough understanding has been either heard or read.

Daily experiences, however, do not in the majority of cases substantiate this most commendable and greatly needed attitude and frame of mind on the part of many physicians, who, through ignorance (?) or indifference seem snobbishly to refuse to step down from their perches.

Is the co-operation preached, discussed, and abused at dental and medical meetings and through the respective journals, a myth? Is it a goal either or both professions are striving and struggling to reach? Is it a manifestation of the literary or oratorical ability of some? Or is it just plain "applesauce" and charlatanism?

Patients, old and new, have come to my office not with the attitude and in the frame of mind that every self-respecting dental practitioner expects, and is rightfully and lawfully entitled to, that is, for examination advice and service according to judgment and skill based upon specialized training, and years of experience, but with express and specific orders to perform certain dental operations as prescribed by their physicians.

What could be more annoying and humiliating than to have a patient insist upon the extraction of teeth, removal or insertion of a bridge for no reason other than "because the doctor said so"?

Invariably and without any reservation

EDITOR'S NOTE:

Dr. Corso's remarks about the physician who assumes a knowledge of dentistry are also good if reversed to apply to the dentist who would practice medicine. Oh, for a Ramsay MacDonald to bring peace.

or equivocation I immediately impress upon the patient's mind my willingness to consider suggestions and to co-operate with the physician; that I am quite capable of making and rendering diagnosis but never willing blindly to accept or execute orders from anyone. He is also told that a thorough examination will be made, findings reported and suggestions by the physician in accordance with such findings considered.

Another regrettable, very annoying and unnecessary evil of frequent occurrence, particularly among factory workers and the "common labor" class, is the deplorable condition of some mouths when they reach the dental office apparently as the place of last resort after stain removers, toothache drops, iodine and poultices have been prescribed liberally and sold by irresponsible pharmacists who, in their eagerness to "make a sale," recommend home treatments with the same accommodating alertness and indifference to causes and consequences that they sell brass watches, hair nets, and shoe polish.

Motives of a purely selfish or commercial nature of course never enter the minds of any such drugstore salesmen.

The writer is inclined always to treat with deep sympathy and utmost care the unfortunate child whose parent refuses to consent to a thorough prophylaxis when one is gravely indicated, on the grounds that "temporary teeth will be replaced anyway;" and for the adult who asks to have an aching tooth (badly broken down and putrescent) filled without asking whether it is the proper thing to do or not—who when told of other carious teeth present, and the necessity for timely attention, simply replies that they don't ache now. But he has nothing but contempt for the person of average intelligence who bewilders the physician or pharmacist with questions and answers about his aching teeth, and for the benighted physician or pharmacist who in complete ignorance advises anything other than consultation with a dentist.

What are you practicing members of the dental profession going to do about it?

My answer would be, *assert yourselves.* If you fail to receive the respect and esteem to which your D.D.S. degree entitles you—*quit,* go back to the farm or choose some other vocation; it will be to the advantage of all concerned.

February 1911 Issue Wanted

Dr. Theodor Blum, of 101 East 79th St., New York, requires the February, 1911, issue of ORAL HYGIENE to complete his bound file. If you can supply it, please write to Dr. Blum.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

The Turning Point

Q.—I have reached a point in life where I don't know where to turn; there is no one man whom I know, to whom I can go for advice. There may be older dentists in this town who could tell me, but I don't know any of them well enough to ask their help.

In view of that, you may think it queer that I apply to you, a stranger, in a matter of such a decidedly personal nature. In explanation of that I might say that I have always thoroughly enjoyed reading ORAL HYGIENE, and have always admired its policies, so that you are not such a stranger after all.

If you can't help me yourself, I would appreciate your turning my letter over to some successful practitioner who is old enough, and fatherly enough, to want to help me. The following, in brief, is my history:

I am 28 years old, unmarried, and have no dependents. In 1925, I was graduated from the University of ————, passed the ———— State Board, and in August of that year started practice in the front rooms of an apartment over a store which has been operated by my family for the last forty-two years. This is in a poor, middle-class, residential section, and my practice has been about 50 per cent foreign —Polish and Slovak.

The truth of the old adage, "A prophet is not without honor, save in his own country" has been clearly demonstrated to me. While I have some families who are well pleased with my work and who send me new patients whenever they can, I am unpopular with the majority of the people here.

In the words of a dentist of Polish extraction who opened an office here about eighteen months ago, I am "too high-hat for this neighborhood." That is the reputation my family has always had here; but my brothers, who operate the store I mentioned above, succeed fairly well, due to the length of time their business has been established. I have tried my utmost to combat this impression by friendliness, etc., but have come to the point where I must admit my failure. It is impossible for me really to fraternize with people with whom I have nothing in common.

I don't want to give up dentistry. I love it. Nothing would please me more than to stand at a chair and produce all day long. I believe that I am a good dentist. With the exceptions of root canal therapy and exodontia under general anesthesia, I'll take off my hat to few men whose work I've seen; but I know now that I'll never be the success I want to be as long as I stay here.

I want to start all over again, and I feel sure that with the experience I've gained in the last five years, and a properly selected location, I can gain the success I want. If a change isn't made soon, I'll be in a rut that I'll never be able to get out of. I have good equipment and everything but an x-ray. I don't owe my laboratories or supply houses, but on the other hand I have no money to make the change I want.

It would cost me at least $400 to move my equipment and install it in a new location. Also, I should have several hundred dollars on which I could live until I began to do a little business. So you see it is impossible for me to start in a new location now. The only thing I can see to do now is to try to get located with another dentist—and I don't want him to be an advertiser.

I believe that I have outlined my situation clearly, but I shall be glad to supply any additional information you may want. I am eager to know what you think about my decision to accept defeat and get a job. You can view the whole thing from a different angle from mine, and you may reach a different conclusion. I want you to be candid. My feelings are not easily hurt. If they were, I never would have lasted here for five years.—M.

A.—My deductions, after reading your letter carefully, are that you are absolutely right in your conclusion that you should seek a new location; preferably with some good older man who has a larger practice than he can comfortably take care of. There are undoubtedly a great many of such men in the country who should be mighty glad to have a young man of your evident ability and ambition as an associate to help relieve the load on their own shoulders.—V. C. SMEDLEY.

[Editorial Note—If any of the readers of ORAL HYGIENE can suggest a possible opening or course of procedure for this young man, we know that he will appreciate it and that it will be a worthy endeavor. Please write direct to the editors of this department, or to M., in our care.—DRS. SMEDLEY AND WARNER.]

A Syphilitic Case of Hemmorrhage

Q.—I would appreciate it if you would give me your opinion on the following case:

Ex-soldier, 50 years old; health rather poor, due, I think, mainly to frequent attacks of indigestion; positive Wasserman was taken some time ago at Fort Lyons Hospital. Doctors recommended removal of all teeth.

I removed his upper teeth (7) and he stood it very well. Later he had frequent hemorrhages from one or the other of these sockets. His face is swollen and extravasated blood is present in one cheek. He is in no pain, but the hemorrhages are uncomfortable.

Would his treatments for syphilis have anything to do with the poor clot formation? —D.L.E.

A.—In all probability the fact of the plus Wasserman and the treatment for that condition have nothing to do with the postoperative hemorrhage. So far as we know, the clotting time being extended is not a necessary result of this condition. If the sockets are still hemorrhaging when you receive this letter, get some ceanothyn and give it to him according to direction. For any further extraction, start giving the ceanothyn before the extraction; or if you wish, you can get thromboplastin hypodermic Squibb and give him hypodermic injections of this before operating, preferably one the day before and then one an hour before. However, the ceanothyn by mouth works very well in almost all cases, and it would probably be wise to try the ceanothyn first. If the ceanothyn is not effective, the thromboplastin can be used postoperatively.—G. R. WARNER.

Vincent's Infection

Q.—I would be pleased to receive some information on a case I am having some trouble to clear up.

It is a case of what appears to be Vincent's infection. At least that is what I have been treating it for, and it has also been treated as such by others. There seems to be no particular pain, but profuse bleeding and sloughing of the interstices which would indicate trench mouth.

I have treated it locally with trichloracetic acid, followed by a mouth wash and the usual cleaning. I get the mouth in good condition, also good tone in the gums, and dismiss the patient. In about six weeks or

two months, he will return with about the same condition.

The patient wears an upper denture, and has cavities in three lower molars.

Do you think that I don't get it entirely cured, or is he becoming reinfected from the cavities or denture? Any information you can give me to help clear up the case would be very much appreciated.—W.C.S.

A.—In the first place, I should think you should have a smear made and examined under the microscope to be sure that you really have a Vincent's infection. If you do have a Vincent's infection, proceed with your treatment until the tissues look normal and then make another smear. If the smear is clear or free from Vincent's organisms, wait a week; and then make another smear. If this is clear, wait a week; and then make another smear; and then, if it is still clear, you may assume that the case has cleared up entirely. Inquire into the habits of the patient to see if you can discover any source of reinfection, such as a restaurant where the eating utensils are not kept clean, or using a drinking glass in the office that somebody else who has Vincent's is using, or kissing somebody who has Vincent's.

The cavities in the molars should be filled carefully, all rough edges of fillings should be carefully polished, calculus removed, and the subgingival areas of the teeth kept well polished. It would be well to have him use a Vincent's mouth wash for a month or two following each course of treatment.

It is not likely that the upper denture is in any way connected with the reinfection of the Vincent's, but to make assurance doubly sure, you should be extremely careful to keep this denture clean.—G. R. WARNER.

Compounding Prescriptions

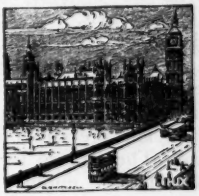
Q.—I should like some information in regard to drug prescriptions. A physician, as I understand it, is allowed to open a drugstore and fill prescriptions. A dentist, I think, may, if he wants to, compound and fill prescriptions in his own office. Would that allow him to work in or open a drugstore and fill prescriptions?

If you think this would be of interest to the entire dental profession, you may want to put the answer in ORAL HYGIENE.—C.F.S.

A.—In this State, a physician may dispense his own drugs upon his own prescription; but no one but a registered pharmacist may fill prescriptions and dispense drugs to the public.

Your local druggist could tell you the details of the law in your State.—G. R. WARNER.

INTERNATIONAL ORAL HYGIENE



Translated and Briefed by
CHARLES W. BARTON

P E R U

Dr. Ernesto Dam y Duran undertook, several years ago, to enlighten the public of Lima on questions of dental hygiene by means of periodical articles in the important daily *El Comercio*. He has continued faithfully and has sent us the issue of June 23, 1930, in which he has published an excellent article on the great importance of the temporary teeth. A chapter is also given on the role which the first permanent molar plays in the future development of the permanent dentition. Dr. Dam's readings are a contribution to the "Medical Mondays" of this progressive daily which is to be recommended not only for its sincere efforts at improving public health by these publications, but also upon the advantages of its collaborators who, all of them, are of the high attainments of Dr. Dam.

B R A Z I L

In order to become a school dentist in the State of Sao Paulo, it is necessary for the candidate to submit to a rather rigorous examination, both practical and theoretical. The exam is given before a commission represented by a delegate from the Director General of Public Instruction, the Dental Inspector of Schools, and a dentist member of the School Dental Service. It goes without saying that only Brazilian citizens are eligible, and they must be graduated from a duly recognized school. The rules for conduct of school dental clinics are also strictly defined, and the entire service is under the supervision of the Medical Inspector of Schools. All in all, the school dental service in the State of Sao Paulo is very efficiently and very systematically organized.

* * *

The Dental Society of Pernambuco is arranging for a series of lectures on the subject of oral hygiene in various schools for the purpose of propagating sound ideas of oral prophylaxis. The first lecture was held in the school group, Joas Barbalho under the direc-

tion of Miss Helena Pugo. The lectures comprise chapters on the definition of oral hygiene and prophylaxis, elementary knowledge of physiology, particularly metabolism, the role of teeth in health and disease, heredity and predisposition, and collective and preventive school hygiene. The lecture lasts approximately 45 minutes; and after the lecture a representative of a dentifrice manufacturer distributed small sample tubes of his product among the children.

Revista Odontológica, Pernambuco

* * *

The Steamship Company Lloyd Brasileiro has celebrated the fourth anniversary of the opening of its dental clinic for the employees of the company. The idea was initiated by Commandante Cantuaria Guimaraes. The installation of the clinic was supervised by Julio Marcondes do Amaral, one of the first dentists of the Navy, who was assisted in the organization of the clinic by Messrs. Miguel Nunes, Telmo Leao, and Americo Leal. The opening date of the institution was November 7, 1925. Dental service for the employees of the Lloyd is entirely free of charge. This navigation company, therefore, holds the honor of being the first organization of its kind to attempt a systematic dental service for its employees. Every member of the company's crews is examined before going on board ship. Since the inauguration of the clinic four years ago, 3,641 patients were treated, requiring 10,219 extractions and 5,892 restorations.

Brasil Odontológica

* * *

Some twenty years ago the Companhia Luz Stearica opened something resembling a dental clinic for its employees. The equipment was primitive, deficient in a great many necessary instruments; and it was not until Mr. Zeferino de Oliveira invited Professor Frederico Eyer to supervise the reinstallation and modernization of this modest establishment that it became a real industrial dental clinic. This was in December, 1928; and in spite of Professor Eyer's numerous other interests, he achieved the organization in record time. The clinic functions on three days per week, four hours per day. The average number of patients is fourteen. During the year 1929, 1,138 men and 514 women were treated, a total of 1,652, with 283 extractions and 1,245 treatments, among which were 642 fillings and 65 pieces of prosthetic dentistry.

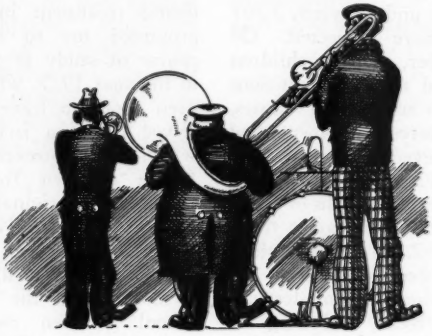
ibid

GREAT BRITAIN

The Public Dental Officer of the Borough of Cambridge, Dr. W. Baird Grandison, reports on the school year 1929. All the children attending the elementary schools in the Borough of Cambridge have the opportunity, once annually, of

dental inspection and, when necessary, of dental treatment. In the year under review, 5,301 children were inspected. Of this number, 1,895 children were found to have dentitions absolutely free from caries, 3,406 required treatment and 2,676 received treatment. All inspections are conducted at the schools. In the mouths of 5,301 children there are, after treatment, only 2.5% of teeth which show any dental disease at all, and the percentage of decayed, unsavable teeth, including the teeth of the temporary dentition, amounts to .7 per cent, almost negligible. Children under five years of age receive a treatment at the central treatment center, and the number now attending at regular intervals is considerable. The attendance of children is obtained: first, by recommendation from the various maternity and child welfare centers; second, by recommendation of parents; third, by requests on the various appointment forms in use for the treatment of school children. Dr. Grandison has shown a great deal of initiative in overcoming certain obstacles to more regular and systematic attendance at the school dental clinics. He says: "The apparent apathy, and indifference derived from a lack of appreciation of the essentials of health, as evidenced by the refusal of dental treatment in the past, prompted me to establish a course of study in the schools in the year 1927, whereby children about to leave school received certain information which might protect them and future children from disease presumed to originate from carious teeth and unhealthy mouth. In the year 1929, nine schools were visited, each once a month, and the number of school children receiving instructions was 470. Ten lectures of forty minutes were given to each school and in July an examination was held. Children who obtained a percentage of 65 received a first-class certificate, and children who obtained from 50 to 64 per cent received a second-class certificate." [Cambridge should be in a particularly favored position in regard to school dentistry. We shall never let an opportunity pass to remind the dental world that it was in Cambridge that our late and lamented friend, Dr. Cunningham, conceived the idea—the first in England and almost the first in Europe—of systematic school dental service.—C.W. B.].

The British Dental Journal
—Volume 51—No. 11



Die Schultzes, Schmidts und Aufderheides

By P. J. AUFDERHEIDE, D. D. S.

[*Dr. Frank A. Dunn, in the November issue of* ORAL HYGIENE, *asserted in verse that the Dunns, O'Tooles and Sullivans lived like kings when the Greeks and Romans still wore tails; that they led off in every grand parade when things had first been made; that they were the hustling kids who sent the bids to build the ancient pyramids; that they invented war; and that on Judgment Day they'd get the best the heavens afford.*

And I assert, in the interest of unbiased historical truth and mythological lore, that Dr. Dunn's data are false and misleading. Your readers want the actual facts, they're entitled to them, and they'll get them (on the opposite page).—P. J. A.]

Ven Greeks und Romans still wore tails,
Und all der Irish vas in jails,
Who vas it lived on toast mit quails?
Die Schultzes, Schmidts und Aufderheides.

Vay back ven tings had shust been made
By whom vas all der moosic played
Dot started every grand parade?
Die Schultzes, Schmidts und Aufderheides.

Der Irish sent dose bids, dot's true,
To build dose pyramids, but who
I'm asking did they send dem to?
Die Schultzes, Schmidts und Aufderheides.

Who vas die smartest peoples yet
Dis vorld has ever seen? I bet
You know who is if you have met
Die Schultzes, Schmidts und Aufderheides.

Who vas die greatest fighters vot
Have fought mit fists und guns? by Gott
Dere's shust vun vay to answer dot:
Die Schultzes, Schmidts und Aufderheides.

Who vas it dot invented first
Der viener und der liverwurst,
Und lager beer to kvench der thirst?
Die Schultzes, Schmidts und Aufderheides.

On Chudgment Day who'll gaily flit
Und mit die angels be a hit,
Who'll have dot stuff vot you call "it"?
Die Schultzes, Schmidts und Aufderheides.

ORAL HYGIENE'S LIBRARY TABLE

BOOKS REVIEWED FOR BUSY READERS

*"The Elements of Anatomical Articulation"**

By F W. RAPP

The subtitle of this small treatise is "the mathematics of dental prosthetics." According to the author's own statement he treats the subject of anatomical articulation from a rather unusual aspect.

His object is to put full denture construction upon an engineering basis. Several new but simple utensils are introduced which are meant to help the dental mechanic to take "control from the plaster bench to the finished denture."

The treatise is written for the dental mechanic; but we venture to say that for him the author's language and style are considerably too much involved.

As a fresh attempt at reducing the theoretical basis of occlusion and articulation to a simple set of rules applicable in the construction of full upper and lower dentures, Dr. Rapp's essay is ingenious, interesting, and well pleaded.

It should prove of decided value to all prosthodontists, and of academic interest to everyone possessing a predilection for the study of dental mechanics.

—C.W.B.

* * *

"Dietetics and Nutrition"†

By MAUDE A. PERRY, B.S.

This is another book built entirely on the caloric theory of food requirements. It is admittedly one compiled "from too many sources to permit individual recognition of all." The question is: how arbitrary has the author been in her selection of the material?

There are numerous tables in back of the book, and many in the text; the trouble is that they do not click: on page 21 the caloric requirements (Atwater) for a man without muscular work are given as 2700, on page 307 at 1800-2000.

On page 24 a boy 14 to 16 years of age needs 0.8 times as much food as a man, on page

*John Bale, Sons & Danielson, Ltd., London, 1930. Price 5 shillings net, 64 pp.

†The C. V. Mosby Co., St. Louis, Mo., 1930, 332 pp. Price $2.50.

307 he needs 2600-3300, almost twice as much as on page 24 (since 0.8 times 1900 equal only 1520). How often will it be necessary to ensure that a 14-year-old schoolgirl of the imposing height of 5 feet 11 inches weigh 138 lbs.?

We should like to know the authority for the statement that "some of the protein in the vegetable foods is lost because of the amount of cellulose found in the food," and that animal foods "strengthen the defense of the body against infections." Acid-base balance, compatibility and incompatibility of foods, the value of fruits, and many vital fundamentals have been completely omitted.

There is no bibliography. The menus are most confusing. It is hard to write a book on nutrition, and Miss Perry should not have tried.

—*C.W.B.*

DENTAL MEETING DATES

Chicago Dental Society Meeting and Clinic, Stevens Hotel, Chicago, February 2nd to 5th, inclusive.

The Alpha Zeta Gamma Dental Fraternity, 21st Annual Convention, Stevens Hotel, February 2nd to 4th, inclusive.

University of Buffalo, School of Dentistry, Alumni Association, 21st Meeting, Hotel Statler, Buffalo, N. Y., February 25th to 27th, inclusive.

Kings County Dental Society Meeting, St. George Hotel, Brooklyn, N. Y., February 25th to 27th, inclusive.

The Central Pennsylvania Dental Society Annual Meeting, Ft. Stanwix Hotel, Johnstown, Pa., March 2nd to 4th, inclusive.

Kentucky State Dental Association, 62nd Meeting, Phoenix Hotel, Lexington, Ky., April 6th to 8th, inclusive.

The New Jersey State Dental Society, 61st Annual Meeting, Hotel Chelsea, Atlantic City, N. J., April 15th to 17th, inclusive.

American Society of Stomatologists, 8th Annual Meeting, Hotel McAlpin, New York City, April 16th and 17th.

American Society of Orthodontists, 30th Meeting, Jefferson Hotel, St. Louis, Mo., April 21st to 24th, inclusive.

The Pennsylvania State Dental Society Meeting, William Penn Hotel, Pittsburgh, Pa., May 5th to 7th, inclusive.

The North Dakota State Dental Association, 26th Annual Meeting, Elks' Club, Fargo, N. D., May 12th to 14th, inclusive.

The New York State Dental Hygienists Association, 11th Annual Meeting, Hotel Pennsylvania, New York City, May 12th to 15th, inclusive.

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

Reciprocity

As I have been engaged in the practice of dentistry for not over seven years, I do not know just how long this dilly-dallying about reciprocity has been going on. However, I do know that it has been going on at least seven years.

Shortly after I was graduated from Marquette University I was placed on the mailing list of ORAL HYGIENE wherein I saw articles on reciprocity. I became more or less enthusiastic over the idea and could not understand why the dental profession had been so narrow in previous years.

One day I happened to be in Dr. Jim Mortonsen's office in Milwaukee. Dr. Mortonsen, as you know, is one of the cleverest inlay and bridge men in the country. The subject of reciprocity came up, and I said, "It won't be long now."

Dr. Mortonsen laughed and said, "Poulter, I've been hearing about reciprocity since I got out of school years ago."

The idea of reciprocity, therefore, has vanished as far as I'm concerned. I'm located; I'm set. I'm more than satisfied with my patients and practice, and I manage to do more than eat regularly.

It is my opinion that dentists themselves do not want reciprocity! If they do, why don't they get it? It can be done!

So if they really want it, or if dentists in certain states want reciprocity, why not let them have it?

If ORAL HYGIENE is interested in obtaining reciprocity, why does it not obtain from the secretaries of the state boards of the different states the names of the dentists in those states and mail them a questionnaire on the subject? This questionnaire should also be printed in ORAL HYGIENE, and be made out as follows:

( ) Are you in favor of reciprocity?

( ) Are you against reciprocity?

After these questionnaires are marked and mailed to you, you can very soon find out if the

dentists want reciprocity or not.

I suggest that you arrange the tallies by states. If the majority of dentists in a state want reciprocity, you could appoint four or five dentists from each state wanting reciprocity to go before their state legislatures where they could and would, have a majority rule. Therefore, states in which dentists want reciprocity could have it, and those which do not could keep on as they are.

Personally, I think it is wrong to discriminate against any man unless one is given sufficient reason.

A graduate of any dental school should not be afraid to take a state board examination any place. But how about the dentist who has practiced seven or eight years? He can do it, but it will take hard work on his part to do it. After working all day and an hour or two at night, it's not so easy to review and "bone" as one did in school days.

I hope this letter will give some food for thought and be a help either in obtaining reciprocity for those states which want it, or in putting the idea of reciprocity "on a spot" until our younger generation can shoot at it.

A few years ago, Magnus Johnson, while serving in Congress, was invited to have breakfast with President Coolidge. Being as reserved as Coolidge, Johnson said nothing until Mr. Coolidge asked him about Minnesota. "Oh, it's a great state," agreed Johnson. "They have considerable dairying, do they not, Mr. Johnson?" "Oh, yes," answered Johnson. "And how about strawberries? Do you put manure on your strawberries?" "Oh, no! We put cream and sugar on our strawberries."

So be it with reciprocity. Either let us put on cream and sugar and have it, or put on manure and have it become fertilized.—J. A. POULTER, D.D.S., *Kenosha, Wis.*

Some Letters on Disability Insurance

Your editorial* on disability insurance is certainly timely and to the point. I second the motion with enthusiasm.

I have taken and dropped one health and accident policy after another because of the report of a policyholder that his company refused to pay a bona fide disability claim on one flimsy pretext or another.

Nothing is so disastrous to a crook as publicity. Let's have lots of it for crooked insurance companies.—E. D. BUETTELL, D.D.S., *Mitchell, S. D.*

—

Your article "Disability Insurance" in the October number of ORAL HYGIENE was of interest to me and should have been to all members of the profession.

I am carrying a policy but have often wondered just whether the insurance company

*ORAL HYGIENE, October, 1930, p. 2201.

really would pay if I were permanently disabled.

Your suggestion of having a column of life insurance companies that have not played square is a good one.

I enjoy reading your articles as well as others in ORAL HYGIENE. — B. F. BARNARD, D.D.S., *Greenwood, Ind.*

—

Your editorial entitled "Disability Insurance" was decidedly interesting to me, for several years ago I had an example of how an insurance company will renig on a technicality wherever possible.

One night about five years ago, I noticed a little scratch on the middle finger of my right hand. It itched annoyingly during the night. The next morning my hand was so badly swollen that it incapacitated me for work and had to be lanced and drained continuously for about two weeks. The entire disability lasted about two months.

I had been carrying a disability policy in a particular company for a number of years, and had paid my premiums regularly. In my application for compensation, I stated that the cause of the injury was a possible scratch with a used instrument, or that it might have been a spider bite. Because of my honesty in giving the second possible cause, my claim was thrown out, as I could not say positively that the injury was due to a scratch received from my work.

If it was a spider bite, the injury was not accidental. The spider did it on purpose.

The above incident is going to make me a confirmed liar in any future claims—if I am unfortunate enough to have any—against insurance companies. If I suffer from an ingrown toenail, it will be my claim that it resulted from my work.

If my experience will be of any value to you, you may use it; but I should prefer not to name the company as I do not wish to get into a jangle with them if this became public.—R.T.S.

Panel Dentistry

I should be glad if you will let me have two copies of your reprint, "Twenty-four Dental Causes of Ill-Health," from your November issue.

As a regular reader of your excellent magazine, I am especially interested in your remarks on the Panel System. As this pernicious system is tending to sap the vitality of progressive dentistry in this country, I trust that my American colleagues will not tolerate this form of dental inquisition.

I enclose herewith a copy of an official booklet, dealing with Panel Dentistry which may possibly be of interest to your readers.

I should like in conclusion to give special tribute to your ad-

vertising pages, from which I have learned many useful things. The literary section of your publication is too obviously helpful to necessitate comment.—R. G. TORRENS, B.A., B.D.Sc., T.C.D., *Bournemouth, England.*

15 Years Difference

While scanning the pages of your valued magazine recently, I came upon the article in which mention was made of the work of Dr. C. M. Wilcox, of New Paris, in the public schools of the village, twenty-six years ago.

I happened to be in my senior year in high school when Dr. Wilcox and his assistant, Dr. Shafer, examined the teeth of each pupil, and it was forty-one years ago, instead of twenty-six.

I feel this correction is due Dr. Wilcox who seems to have been one of the pioneers in this work which is proving so helpful to the health of children and young people in our public schools.—MRS. W. L. HAHN, *New Paris, Ohio.*

A Letter to Dr. Dunn

Your poem in this month's issue,* shows plainly that you Irish must be suffering from an inferiority complex, trying to make your nationality the best of all by casting slurring remarks upon the rest of them, which I call very poor sportsmanship. Whoever gave you the authority to use the Greek name in your bum verse, I don't know, but I take it for granted that you must be very well versed in ancient and modern history and realizing that the Irish name wasn't mentioned at all, you made up this little verse, thinking that it will help the Irish name a bit, but instead it did more harm as it seems to me that you are ashamed to be called one, otherwise you shouldn't or couldn't write any verse like it, or you ought to start out with the Irish. I've heard some degratory remarks about the Greek nationality this morning as I happen to be practicing this profession with some of your nationality, and I came to the conclusion that you are still in the cave stage, that with exceptions, you are still a bunch of monkeys and that you aren't civilized yet, although you claim the contrary. Please lay off the Greeks for a while.—E. N. SIKEOTIS, D.D.S., *San Francisco, Calif.*

*"The Dunns, O'Tooles and Sullivans," by Dr. Frank A. Dunn, Cleveland, O., p. 2488, November, 1930, ORAL HYGIENE. See also p. 308 of this issue.

Last Month's Cover

The cover of the Anniversary Number, admired by many, was from an original drawing by James W. Kaufman of the ORAL HYGIENE *staff.*

W. Linford Smith
Founder

Oral Hygiene

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

The Présent Situation

A FEW evenings ago, that good friend of every dentist, Dr. Chalmers Lyon, Professor of Oral Surgery, University of Michigan, was given a complimentary dinner in our town; and there were many present. Most of the talks were made by specialists; now and then a general practitioner was heard, but the best talk of the evening was that given by the distinguished guest.

Dr. Lyon stated that the present dental situation is out of tune with the dental needs of the nation in at least two ways: first, there is too large a proportion of specialists; and second, there are too few dental practices in which children are welcome.

Dr. Chalmers Lyon

At Ann Arbor it is his custom to train one student each year to be a specialist in oral surgery. This student is selected by the faculty because he presents those qualities of mind and skill that should make him not only a success in practice, but a valuable member of his

profession and an asset to the community in which he is to practice. The "overnight" specialist is not greatly admired. The recognized specialists should be highly trained and few in number.

In the city of Detroit alone there are more than one hundred thousand children who cannot receive dental care because there are not enough dentists who care to work upon children to take care of them.

Too many young practitioners, as well as older ones, eliminate children from their practices.

What will happen if we do not adjust practice to the needs of the public? Either State or Panel Dentistry will come and come soon; the greatest calamity that can happen to a profession is for it to be taken in hand and administered by laymen.

The general practitioner is the spinal column of dentistry.

More genuine general practitioners, in proportion to those who limit their practice, is our main hope in the prevention of that loss of independence and initiative that would surely follow State Dentistry or Panel Dentistry.

The International Dental Federation

THE nineteen hundred thirty meeting of the F. D. I. was held in Brussels, Belgium, at about the same time that the A.D.A. met in Denver. A letter from the Pressekommission says:

"A Dental Hygiene Congress-Exposition was organized by the General Dental Society of Belgian dentists aided by the Belgian Red Cross National section for Child-welfare, the Society for Prevention of Tuberculosis, the Society for Preventive and Eugenic Medicine, Society for Infant's Welfare, the

Leagues against Venereal Diseases, Cancer and Rheumatism, and the Association of Ambulatory Clinics. Her Majesty, the Queen, graciously accorded her high patronage and deigned to visit the Dental Hygiene Exposition."

Among the new and interesting ideas was an exhibition of drawings. More than two thousand were submitted. This exhibition met with great success.

The suggestion is so good that here and now ORAL HYGIENE suggests an exhibition of drawings and models illustrating the object and principles of dental hygiene in any way that this movement may be illustrated. A special salon should be set apart for the exhibit, and all drawings and models judged by an art committee to be selected by the President of the A.D.A.

ORAL HYGIENE would be glad to contribute suitable prizes.

There are many artists connected with dentistry. Let us no longer neglect this most important adjunct in the presentation of the hygiene of the mouth.

A Permanent Fall from a Temporary Bridge

YOU may remember a book by Gene Tunney's literary friend, Thornton Wilder, that was all about "The Bridge of San Luis Rey" near Lima, Peru. This marvelous bridge spanned a great gorge and was suspended by two long cables that had been fashioned by the Incas before the Spanish Conquest. All of the heroes and the "sheroes" had unfortunately attempted to cross at the same time; the bridge broke, and the gorge was so deep that, so far as we know, they are still falling.

The fly in the ointment is that there never was any such bridge; the natives of Lima say that there is no such gorge; and they have no intention of digging one. The bridge in Lima, Peru, that I am telling you

A. B. Leguia

Dr. C. B. Worthy

about is a temporary bridge which carries a right upper central incisor tooth.

In the height of a presidential campaign in Peru a few years ago, President Augusto B. Leguia lost his right upper central, and a well known American dentist, then resident in that country, made the temporary bridge; later when the campaign was won, he replaced it with a permanent bridge and President Leguia, feeling that a spare tooth might be a good idea, transferred the temporary bridge to his safe.

Dr. Carlyle B. Worthy, the dentist who made the Peruvian presidential restoration, is now practicing exodontia in Hollywood, right next door to the editor of ORAL HYGIENE, which might indicate the survival of his old spirit of adventure; anyway when he lived in Lima, he was the dean of the Department of Dentistry of the University of San Marco.

Now the Associated Press enters the story:

LIMA, Peru.—(A.P.)—Augusto B. Leguia, who was president of the Republic of Peru, had a gold crown. It

has been found in his safe by the police who are investigating charges of official misconduct.

Naturally a news reporter could not be expected to know a bridge from a crown, but the inference given and apparently intended in this despatch was that Ex-President Leguia had designs on royalty and had prepared a "crown" for his ascension to a throne.

When a man is down, his most innocent act will be used against him. Whatever the South American presidents might do or might not do, one thing is certain: none of them have ever aspired to a throne; such a thing is unthinkable on this side of the water.

The big difference between this bridge and the Bridge of San Luis Rey is that the fall of the exalted personages took place before the finding of the bridge. Because Ex-President Leguia appreciated good dentistry, we hope the present administration will treat him kindly. A good precedent comes in handy now and then.

Are We Business Men?

NO, we are not business men because we *do* know something about business. In building associations, banks, and other corporations, it is customary to comply with the law by appointing Boards of Directors. These board members are presumably men of business training and understanding who will temper the enthusiasm of those business executives who are too sanguine and spur on the ones who love the velvety feel of green grass, growing under their plantar fascias. What the boards are usually filled with is a lot of grocery-consuming rubber stamps.

Just bear in mind the fact that *conservative financial institutions* are the only ones that should ever be trusted by professional men. If the head of your

bank is a local Napoleon of Finance you had better draw out your money and pay your debts with it.

No, I didn't get caught in a famous recent looting operation that was carried on in my immediate vicinity; but many of my friends did lose all they had. These losses came just before Christmas at a time when the City Council insists that local taxes be paid and when collections are at their worst. Many dentists were precipitated from reasonable comfort to embarrassing indigence.

In China under the rule of the Manchurian emperors, there were only two bank failures in three hundred years because the day the bank failed the president and cashier of the defunct institution were beheaded first and questions were asked afterwards. It has seemed to me that this would be a good idea to adopt in the United States. Some have suggested that it might not be in line with American procedure to be so abrupt in the dispensation of justice, but that argument is defeated by the gentle and patriotic custom of Governmental poisoning of industrial alcohol. I would not for an instant criticise the Government's right to kill off anybody that the Government wished to get along without, but what I would suggest is: the desirability of getting along without those who steal our savings. The highwayman deserves credit at least for robbing only those who are able to be up and around and who are old enough to have pockets; but the crooked banker robs the well, the sick, the halt, the blind, the aged, and the infant.

Many business failures are due not to dishonesty, but to plain incompetence. We hear a lot about the lack of business ability of professional men; don't let them "kid" you on that score. The professional man knows that *the income must exceed the outgo.* No business ever failed when that simple fact was observed. Maybe we could do a little missionary work among the business men.

The Washington Bi-Centennial

FEBRUARY 22, 1932, will mark the two hundredth anniversary of the birth of George Washington. A national celebration beginning on February 22d, and continuing until Thanksgiving will be sponsored by the United States Government.

Congress has created a commission to formulate and carry into effect the most extensive plans that have ever been considered for any celebration in America.

Of course the President of the United States will be chairman and all of the rest of the celebrities will come in respective order on the commission. The real working head of the committee will be Colonel U. S. Grant III,* assisted by Representative Solomon Bloom IV, of New York.

Two important and useful jobs face the Commission: one is to collect and publish all of the hundreds of hitherto unpublished letters written by George Washington (those not in support of certain modern reforms excepted) and the other is to decide which of the many portraits of the Father of his Country should be acclaimed as the most representative.

Washington is known to have had his portrait painted by twenty-one different artists; many of these artists painted numerous portraits of him. Of course the Gilbert Stuart portrait is at present the best known but some other may take precedence before this celebration is over.

The pictures by Charles Willson Peale, who was a very famous amateur dental prosthetist as well as an artist, should have the support of the dental profession. Peale painted an excellent portrait of Washington in 1774 in which the future President was mounted upon a lively charger and in which Washington's face was not disfigured by the loss of his

*Colonel Grant has resigned this post since this was written.

teeth or by the very poor set that he wore before Dr. Greenwood made the denture that is now in the museum of the Baltimore College of Dental Surgery.

Peale became interested in artificial dentures through his efforts to reconstruct the expression of many, who sat for portraits, with temporary dentures of wax. In Revolutionary days it was quite customary for the eminent citizens who were being painted to go off considerably in their looks before they became eminent and also before they acquired the collateral to pay the painter. This sad train of circumstances accounts for the forbidding countenances of our ancestors. Before this bright idea struck me, I must admit that I had often wondered how such a uniformly queer looking lot of celebrities ever became ancestors anyway.

When the most satisfactory picture is selected, the best possible reproduction will be made and every school-house in America and in the American Possessions will receive a copy as the gift of the government.

The complete publication of all of the historical data in regard to Washington which will include all of his known letters will require at least twenty-two volumes. This elaborate preparation and publication will also be a part of the work of the great Commission and will be printed by the U. S. Bureau of Printing and Engraving. Every public library under the American flag will be supplied with these books.

This long delayed appreciation of the greatest of Americans will and should be a great success. If any reader of ORAL HYGIENE should know of an unpublished letter of Washington's, it will be a patriotic duty to notify the Commission.

The George Washington Bi-Centennial Commission does not ask anyone to part with the original copies of such documents. It merely requests the privilege of examining such letters and, if found

authentic, to be permitted to make reprints of them. Every effort is being made by the Commission to locate such letters in order—to use the words of Associate Director U. S. Grant III—"to present to all Americans a composite picture of the Father of his Country through his writings—his physical appearance, his thoughts and actions, and his ideals."

The Cancer Propaganda

RECENTLY I have been in attendance at a meeting where some of the very eminent cancer specialists were distributing the most up-to-date information upon this "second greatest scourge of the human race."

Masses of statistics were introduced to show the tremendous prevalence of cancer, second only in death rate to diseases of the heart. The death rate is said to be very high, ranging, under the best treatment, from eighty per cent in favorable cases to ninety-eight per cent in the less fortunate. On first thought this is a very staggering prospect. When we realize that this is overwhelmingly a disease of those who have passed the meridian of life, it is only rational to expect a high death rate. It is true that there is much suffering from cancer, and it is also true that there are many cases that are practically painless. Certainly we are doing no good in broadcasting propaganda that scares the laity almost as badly as it scares the physicians and the dentists.

The consensus of opinion is that the *origin of cancer is unknown.* The consensus of opinion is that the *predisposing causes are unknown.* The consensus of opinion is that *there is no treatment that promises even a reasonable percentage of cures.* This being the case, it seems to me that there should be a great deal less "bally-hoo" and a great deal more appreciation of the quiet efforts to penetrate the mysteries of

carcinoma that are being made by those who do *not* feel that the public press is a scientific laboratory.

The recent census showed that there are approximately one hundred and twenty-five millions of people now living in the United States. The death rate of all of these people will be one hundred per cent. There is no one of them that will escape death. According to law, you must die of something; you cannot just die and let it go at that; there must be a reason, if you are to be properly buried. So just remember when you are appalled at the tremendous death rate of some disease or other that we can only die once and we simply have to do it once, the big idea being to postpone the inevitable as long as possible.

In the presence of a diagnosis of cancer, just remember that the whole effort is toward postponing the finish as long as possible. In many cases the cancer is so retarded that the patient dies of something else. It is a good deal like the Stock Market; don't let go at fifty if you can hold on until seventy-five.

Blame the Dentist!

TOOTH'S CROWN BLAMED IN DEATH

CHICAGO—(AP)—Mrs. ———— mother of three children, died yesterday after a dental gold crown, which her relatives said they believed she inhaled while under an anesthetic at a dentist's office, had been removed from her lung.

The crown caused an inflammation which resulted in pneumonia, which was given as the specific cause of death.

RELATIVES are like this: everything possible is dated from the day the tooth was extracted. With the throat walled off, with gauze as a dam whenever, or wherever, a tooth is extracted under gas, it is impossible to inhale a crown.

The probability of the inhalation of the crown

during a coughing spell is the most reasonable explanation of one of these distressing cases. Of course the death could not be attributed to the removal of the crown from the lung.

Let the dentist take the blame on the "belief" of the relative.

A "Natural" Death

SAN FRANCISCO—The bite of a mad dog, not heart disease or fright, caused the death of Dr.————, ———— dentist, the U. S. Circuit Court of Appeals ruled today.

This decision, characterizing the death as accidental, will compel the ———————— Company of New York to pay his widow $30,000 insurance. The insurance company, contending that the death was not accidental and the dog's bite would not have proved fatal except that the doctor had heart disease, sought to evade payment of the $30,000.

NEXT to the collection of the premiums, the effort to "evade payment" seems to be the big business of many insurance companies. Some "insurance companies" are in business to insure their own incomes and for no other reason.

This company evidently took the position that death from a bite is a "natural" death in the case of a dentist.

It seems to me that some provision in the law should be made that would require the return of all premiums paid to the insurance company in those cases where the payment of the promised indemnity is denied for any reason.

It is manifestly unjust to allow an insurance company to retain payment for benefits promised, but not fulfilled.

In the case above, the U. S. Circuit Court of Appeals evidently sustained a lower court. Dentists should inquire very carefully into the records of the insurance companies to whom they pay their money. Here's hoping for more favorable decisions.

The JOY KILLER

By FRANK A. DUNN, D. D. S.

Joy killer! I'm that and more. I'm the herald of affliction and the harbinger of grief. Men of science have furrowed their brows trying to get me where they wanted me, and just when they thought they had me there—presto! I was somewhere else.

Still, to give the devil his due, when I am decently treated I have tried to reciprocate with good behavior. But frequently I am slovenly treated, which I resent in ways that are exceedingly effective and peculiar to myself.

All readers of this page undoubtedly will agree with me when I say—

I've surely been
A horror in
The life of every dentist;
I am the worst
Of pests accursed,
To hell's own imps apprenticed.

Observe that senile Psi Omeeg
Who should be smart and nifty;
He's bent with burdens and fatigue,
And yet he's under fifty.
And see that feeble Delta Sig,
What marks he shows of sorrow;
Though young enough to dance a jig,
He might drop dead tomorrow.
Those other fellows! can't you see
The droop that's in each shoulder?
They're only forty-two or three,
But look two decades older.

They're aged and worn before their time,
Like hosts of others who have gone;
They've cursed me long and loud, for I'm
The one they blame it all upon.

And who am I? you ask appalled,
You want to know, and know you shall:
The vilest names I have been called,
But my right name is ROOT CANAL.

New York to Limit Advertising Dentists' Signs

Some real signs in Sacramento, California; from an old photograph

NEW YORK STATE has taken definite steps to curb the activities of advertising dentists by limiting the size and style of advertisements and signs used to announce or advertise a practice of dentistry.

This new legislation appears in the form of a resolution passed by the New York State Board of Regents which will investigate any violations and report their findings to the State Board of Dental Examiners for action.

This ban will include all large signs, electric displays, signs which represent huge teeth, jaws, dentures, bridgework or other anatomical objects, glaring or flickering lights and signs or any display which might be termed unprofessional.

Article 1311, Section 2 of the New York State law says that if any practitioner of dentistry be charged under oath before the board with unprofessional or immoral conduct and found guilty he may without further hearing be suspended from practice for a limited season or his license may be revoked. It is presumed that the Board of

Regents considers such advertising as unprofessional and is exercising its rights to exclude such objectionable practices.

In order to carry out its intentions the Board of Regents will have inspectors patrol the streets and report any infringements of this new code to the State Board of Dental Examiners. It will then be the duty of the State Board to take the necessary legal steps.

The outcome of this action by the dental legislative forces of New York State will be closely watched by organized dentistry everywhere as it will set a precedent in the control of dental advertising.

"Nerves"

A little needle puncturing the flesh,
And nerves are put to sleep! The while they drowse,
Carving and scraping lustily arouse
No sensation. What is this knotted mesh
So interwoven with our bodies, which
Are thereby sensitive to verse, to color,
The heights of ecstasy, the deeps of dolor—
Nerves which drawn tight vibrate at such high pitch?
I know they drowse by injected drops of drug,
And so meanwhile, with arms akimbo, brain.
And I have known their intertwining this—
An oriental luxury of rug
On which came treading, shod and heavy, Pain,
On which came dancing, barefoot sylph-like, Bliss.

—*Gottfried Holt*

Extracted Mottled Teeth Wanted

A research on Mottled Enamel by the Nutrition Department of the University of Arizona, with Dr. Cammack Smith in charge, is under way. We will appreciate it if any members of the dental profession having extracted teeth of this type will send them to Alex Bard, Chairman, Consolidated Bank Building, Tucson, Arizona.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Bill: "Why don't you like girls?"
Phil: "Aw, they're too biased."
Bill: "Biased?"
Phil: "Yeh, whenever I go out with 'em, it's always bias this and bias that until I'm broke!"

Professor: "I forgot my umbrella this morning, dear."
Wife: "How did you remember that you had forgotten it?"
Prof.: "Well, I missed it when I raised my hand to close it after the rain stopped."

"Triplets," announced the nurse to the proud father.
"Really," he said, "I can hardly believe my own census."

Motor cop (producing notebook): "What is your name?"
Speeder: "Aloysius Alistair Cholmondeley Coypean."
Motor cop (putting notebook away): "Well, don't let me catch you again."

Teacher: "Jimmy, define and give an example of heredity."
Jimmy: "It means that — that — that if your grandfather did not have no children your father wouldn't have none either — and neither would you."

Porter: "Miss, yo' train is coming."
Pedantic passenger: "My good man, why do you say 'your train' when you know that the train belongs to the company?"
Porter: "Dunno, miss. Why do yo' say 'mah man' when yo' knows Ah belongs to mah wife?"

A private was standing in the company street, outside his tent, shaving.
"Do you always shave outside?" asked the sergeant.
"Of course," answered the private. "What do you think I am—fur-lined?"

A Russian was being led to execution, one rainy morning, by a squad of Red soldiers.
"What brutes you are," burst out the condemned one, "to march me through a rain like this."
"How about us?" retorted one of the squad. "We have to march back."

The teacher of a physiology class was lecturing on the scalp.
"What is dandruff?" he asked.
"Chips off the old block," replied a student.

We've heard of the height of this and the height of that, but the height of politeness, we insist, is the following sign:
"Kindly keep your hands off this wire; it carries 20,000 volts. Thank you."

Wife: "The doctor looked at my tongue and said that I needed a stimulant."
Husband: "Surely not for your tongue, dear."

Willie: "Paw, does bigamy mean that a man has one wife too many?"
Paw: "Not necessarily, my son. A man can have one wife too many and not be a bigamist."